

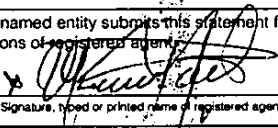
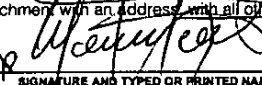


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90085 008 \*\*\*150.00

<b>DOCUMENT # P04000015034</b> 1. Entity Name <b>BRIDGE'S FOODS CORP.</b>			
Principal Place of Business <b>6043 NW 167TH STREET SUITE A22 MIAMI, FL 33015</b>		Mailing Address <b>6043 NW 167TH STREET SUITE A22 MIAMI, FL 33015</b>	
2. Principal Place of Business  <b>16501 BLATT BLVD. #104 WESTON, FL 33326</b>		3. Mailing Address  <b>16501 BLATT BLVD. #104 WESTON, FL 33326</b>	
		<b>50013269</b>	
			
		04142006    Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>84-1634989</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PUNTES, MAURICIO 6043 NW 167TH STREET SUITE A22 MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name _____ Street _____ (ptable) <b>16501 BLATT BLVD. #104 WESTON, FL 33326</b> City _____ <b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		AGENT <b>4/14/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>FLORIDA DEPT STATE</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PUNTES, MAURICIO 6043 NW 167TH STREET, SUITE A22 MIAMI, FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>16501 BLATT BLVD. #104 WESTON, FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		PRESIDENT <b>4/14/06</b> <small>Signature and typed or printed name of signing officer or director</small>	