

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000015034

1. Entity Name
BRIDGE'S FOODS CORP.



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

04-18-2006 90085 008 ***150.00

50013269



04142006 Chg-P CR2E034 (11/05)

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|-----------------------------|----------------|
| 4. FEI Number 84-1634989 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent PUENTES, MAURICIO 6043 NW 167TH STREET SUITE A22 MIAMI, FL 33015 | 7. Name and Address of New Registered Agent Name Street 16501 BLATT BLVD. #104 WESTON, FL 33326 City FL Zip Code |
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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: *Mauricio Puentes*

Signature, typed or printed name of registered agent and title if applicable.

AGENT

4/14/06

DATE

(NOTE: Registered Agent signature required when reinstating)

FLORIDA DEPT STATE

| | | |
|--|---|---|
| 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete PSD PUENTES, MAURICIO 6043 NW 167TH STREET, SUITE A22 MIAMI, FL 33015 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 16501 BLATT BLVD. #104 WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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: *Mauricio Puentes* PRESIDENT 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #