2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 A
Secretary of State

DOCUMENT # P04000015034

1. Entity Name
BRIDGE'S FOODS CORP.

Principal Place of Business	Mailing Address
16501 BLATT BLVE SUITE 104 WESTON, FL 33326	16501 BLATT BLVE SUITE 104 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

05122007 No Chg-P CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent

PUENTES, MAURICIO
16501 BLATT BLVD
SUITE 104
WESTON, FL 33326

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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: [signature] REGISTERED AGENT 05-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PUENTES, MAURICIO
STREET ADDRESS	16501 BLATT BLVD SUIET 104
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/31/07-80006-016 150.00

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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 all other like empowered.

SIGNATURE: [signature] MAURICIO PUENTES PRESIDENT 05-14-07 954-3856469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #