

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000150712

1. Entity Name
BRIDGE LIMOUSINES CORPORATION



Principal Place of Business
1455 HOLLY HEIGHTS DRIVE
APT. #1
FORT LAUDERDALE, FL 33304

Mailing Address
1455 HOLLY HEIGHTS DRIVE
APT. #1
FORT LAUDERDALE, FL 33304

2. Principal Place of Business
1703 NE 25TH ST.
Suite, Apt. #, etc.
WILTON MANORS

3. Mailing Address
1703 NE 25TH ST.
Suite, Apt. #, etc.
WILTON MANORS

City & State
FLORIDA

City & State
FLORIDA

Zip
33305

Country
BERMUDA

Zip
33305

Country
BERMUDA

10042006 REINSTATEMENT 2006

4. FEI Number

57-1220563

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

(TOLLES) (corrected)
(TORRES, JOHANN)
1455 HOLLY HEIGHTS DRIVE
APT. 1
FORT LAUDERDALE, FL 33304

Name
TORRES, JOHANN
Street Address (P.O. Box Number is Not Acceptable)
1703 NE 25TH ST. WILTON MANORS
FL
City
WILTON MANORS
FL
Zip Code
33305

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

(NOTE: Registered Agent signature required when reinstating)

10/01/2006
DATE

FILE NUMBER: FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	MEDINA, LUZ M	
STREET ADDRESS	1455 HOLLY HEIGHTS DRIVE APT. 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, HAROLD	
STREET ADDRESS	1455 HOLLY HEIGHTS DRIVE APT. 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	TORRES, JOHANN	
STREET ADDRESS	1455 HOLLY HEIGHTS DR APT 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	O	<input type="checkbox"/> Delete
NAME	TORRES, VANNESSA	
STREET ADDRESS	1455 HOLLY HEIGHTS DRIVE APT 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	O	<input type="checkbox"/> Delete
NAME	TORRES, EVY	
STREET ADDRESS	1455 HOLLY HEIGHTS DRIVE APT 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200081436442	
STREET ADDRESS	11/01/06--01048--016 **150.00	
CITY-ST-ZIP		
TITLE	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, HAROLD	
STREET ADDRESS	1455 HOLLY HEIGHTS DRIVE APT 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES JOHANN	
STREET ADDRESS	1703 NE 25TH ST.	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/2006
Date

954.709.9840
Daytime Phone #