2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044803

Entity Name: BRISTOL REAL ESTATE, INC.

FILED Apr 22, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
11860 W. STATE ROAD 84, STE. B15 SUITE 15 DAVIE, FL 33325				502 PARSLEY COURT KISSIMMEE, FL 34759			
Current Mailing Address:				New Mailing Address:			
11860 W. STATE ROAD 84, STE. B15 SUITE 15 DAVIE, FL 33325				502 PARSLEY COURT KISSIMMEE, FL 34759			
FEI Number:	20-2580435	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON, FL 33486 US							
The above in the State		ubmits this statement for the pur	rpose of	changing its	s registered	office or registered agent, or both,	
SIGNATUR	E:						
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GOLAN, AMNON	ROAD 84, STE. B15		Title: Name: Address: City-St-Zip:	P (X GOLAN, AMNO 502 PARSLEY KISSIMMEE, F	COURT COURT	
Title: Name: Address: City-St-Zip:	SCHACHTEL, SA	ROAD 84, STE. B15		Title: Name: Address: City-St-Zip:	V (X SCHACHTEL, 502 PARSLEY KISSIMMEE, F	COURT	
Title: Name: Address: City-St-Zip:	DAVENPORT, RI	ROAD 84, STE. B15		Title: Name: Address: City-St-Zip:	VS (X DAVENPORT, 502 PARSLEY KISSIMMEE, F	COURT COURT	
Title: Name: Address: City-St-Zip:	KLEIDER, ITŻÁK	ROAD 84, STE. B15		Title: Name: Address: City-St-Zip:	VT (X KLEIDER, ITZ 451 BAY LEAF KISSIMMEE, F	F DRIVE	
Title: Name: Address: City-St-Zip:	V ()[MAXINE, RABNE 11985 COLLIER NAPLES, FL 34	BLVD. #5		Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMNON GOLAN P 04/22/2008