

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000044803

FILED
Apr 15, 2009
Secretary of State**Entity Name:** BRISTOL REAL ESTATE, INC.**Current Principal Place of Business:**449 BAY LEAF DRIVE
KISSIMMEE, FL 34759**New Principal Place of Business:****Current Mailing Address:**449 BAY LEAF DRIVE
KISSIMMEE, FL 34759**New Mailing Address:****FEI Number:** 20-2580435**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEBORAH PARSONS
449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: GOLAN, AMNON
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: P () Delete
Name: KLEIDER, ITZIK
Address: 451 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VTAS () Delete
Name: DAVENPORT, RICHARD
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: BROGDON, DAVID J
Address: 449 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

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

04/15/2009

Electronic Signature of Signing Officer or Director

Date