## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000143164

## FILED Mar 15, 2007 8:00 am Secretary of State 02-26-2007 90067 024 \*\*\*150.00

1. Entity Name BRIDGE BUSINESS & PROPERTY BEACH INC.	BROKERS OF VERO					
Principal Place of Business Mailing Address		1	66005218			
2095 INDIAN RIVER BLVD VERO BEACH, FL 32960  2095 INDIAN RIVER BLVD VERO BEACH, FL 32960						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			02142007	Chg-P	CR2E034 (12/06)	
City & State	City & State		4 FEI Numbe	35727		polied For of Applicable
Zip Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad	ditional
6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and	Address of New	Registered Agent	
	Name	Name				
GOLDSMITH, JAMES R JR. 1275 30TH AV VERO BEACH, FL 32960	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH, FC 32000	•					
_	_	City			FL Zip Coo	
The above gamed 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, paid or princip name of regissered ag	ent and title if applicable. (HOTE: Po	egreened Agent signeture require	ed when refresstrig)	0-1	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$55	9. Election Campaign Trust Fund Contribu		5.00 May Be Ided to Fees			
	ND DIRECTORS	TILE VP		CHANGES TO OF	FICERS AND DIRECTOR	S IN 11 Addition
IRE - VP NAME GOLDSMITH, TANYA R STREET ADDRESS 1275 30TH AV	(SK) De texts			joldsmitt venue n, FC 3		JA AUGUS
GIY-SI-ZP VERO BEACH, FL 32960	[] Delote	mu NSY	0 1350CI	n, r-c-3	□ Change	Addition
NAME STREET ADDRESS GTY-ST-ZP	<b>3</b>	NAME STREET ADDRESS CITY-5T-ZIP				_
TITLE	☐ Celete	TITLE			Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
DTLE	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZP		NAME STREET ADDRESS CITY+ST-ZIP			·	
DILE	☐ Delate	TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZDP		NAME STREET ADDRESS CITY-ST-ZIP				
NTLE NAME STREET ADDRESS CITY-ST-ZP	☐ Detate	TITLE NAME STREET ADDRESS CITY-ST-72P			☐ Change	Addition
12. I hereby certify that the information supplied with this fill no does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is trips 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name expesses in Block 10 or Block 11 if changed, or on arrestationment with an edicress, with all other like empowered.  SIGNATURE:						