

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-11-2008 90064 017 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000012902

1. Entity Name
BRIDGE BRAKES PRODUCTS, INC.



Principal Place of Business
169 EAST FLAGLER ST, SUITE 1534
MIAMI, FL 33131

Mailing Address
169 EAST FLAGLER ST, SUITE 1534
MIAMI, FL 33131

66004029



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8333991

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LEONOR, MARGUERITE
6568 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name LUIS ANDRES PEREZ

Street Address (P.O. Box Number is Not Acceptable)

5300 NW 114TH AVE. #108

City MIAMI

FL

Zip Code 33178

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

General Manager
(NOTE: Registered Agent signature required when transferring)

02/05/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D, P
PUENTE, MIGUEL
6568 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
5300 NW 114TH AVE #108
MIAMI, FL, 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

02/05/08 305-479-7567
Date Daytime Phone #