2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P07000054842 1. Entity Name BRIDGE FINANCIAL CONSULTANTS GROUP, INC. 2008 AUG 14 AM 11: 38 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE.FLORIDA 1550 MADRUGA AVE., STE. 305 PO BOX 491075 CORAL GABLES, FL 33146 KEY BISCAYNE, FL 33149 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 08132008 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 15 44 6 33 Not Applicable 37-Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUENTES, RAMON Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVE., STE. 305 CORAL GABLES, FL 33146 City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΠ ☐ Change Addition Delete TITLE PUENTES, RAMON 600134590076 08/19/08--01008--007 ***30 NAME NAME 1550 MADRUGA AVE., STE. 305 STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-7/P ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the empowered. 8-13-08 SIGNATURE: SIGNATORE AND EXPED UR A ME OF BIGNING OFFICER OR DIRECTOR Daytime Phone