2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P93000032014 01-14-2008 90090 006 ***150.00 1. Entity Name BRISTOL PARK DEVELOPMENT CO. Mailing Address Principal Place of Business 4850 SW 72ND AVE 4850 SW 72ND AVE MIAMI, FL 33155 MIAMI, FL 33155 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 9840 SW 77th Ave 9840 SVY 777 Ne. Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) Cha-P 301 301 Applied For City & State 4 FEI Number City & State FL MICIMI 65-0460519 Miami Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent rvantes, Patricio CERVANTES, PATRICIO ress (P.O. Box Number is Not Acceptable) 4850 SW 72ND AVE MIAMI, FL 33155 Miami 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 agen SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete Change TITLE ■ Addition TITLE cervantes Patricio CERVANTES, PATRICIO NAME NAME 9040 SVY 77th AVE, 301 STREET ADDRESS 4850 SW 72ND AVE STREET ADDRESS CITY-ST-ZIP Milami, Fl 33156 CITY-\$1-ZIP MIAMI, FL 33155 Delele Addition ☑ Change) TITLE TITLE Cervantes, Maria E. 9840, SVI 77th Ave, 301 CERVANTES, MARIA E NAME NAME STREET ADDRESS 4850 SW 72ND AVE STREET ADDRESS Miami, FL 3315U CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 Change ☐ Addition Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 w an address, with all other like empower

DIRECTOR

Date

Daytime Phone #

FILED Jan 14, 2008 8:00 am