

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90202 039 ***158.75

DOCUMENT # P94000080534

1. Entity Name
THE BRIDGE STUDIO, INC.



Principal Place of Business
**1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139**

Mailing Address
**1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139**

40080700



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0539150

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINS, CRAIG
1632 PENNSYLVANIA AVEUE
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	ROBINS, CRAIG
STREET ADDRESS	1632 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P
NAME	TURKEL, AMY <i>WOLFSON, LESLIE</i>
STREET ADDRESS	1632 PENNSYLVANIA AVE <i>1632 PENNSYLVANIA AVE</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33139 <i>MIAMI BCH, FL 33139</i>
TITLE	VP
NAME	GRETENSTEIN, STEVEN
STREET ADDRESS	1632 PENNSYLVANIA AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN GRETENSTEIN, VICE PRESIDENT

4/17/06

305-531-8700