2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 AN Secretary of State

	ANNUAL	<u> </u>	·	5 Saguetawy of (
DOCUMENT # P96000034616 1. Entity Name BRIDGE MORTGAGE BANKERS, INC.				Secretary of S	
Principal Place 998 NE 167 MIAMI, FL 33	STREET	Mailing Address 998 NE 167 STREET MIAMI, FL 33162			
D	O NOT WRITE	IN THIS SPA	CE	01242008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable	
	*		1	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					
KALAM, SI 998 NE 16 MIAMI, FL	7 STREET			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fine Trust Fund Contribution		5.00 May Be U00000799229 U00000799229 U00000799229 U00000799229 U000000799229 U0000000799229 U00000000000000000000000000000000000	
10. OFFICERS AND DIRECTORS				rage of the second seco	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALAM, SHAHAB 15841 SW 56TH STREET FT.LAUDERDALE, FL 33331	w.	· · ·		
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:

NAME

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPETON PRINT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

786-223-2773

Daytime Phone #