

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90007 015 \*\*\*158.75

**DOCUMENT # P97000094977**

1. Entity Name  
**BRISTOL HOLDINGS, INC.**



Principal Place of Business  
**2300 CORAL WAY  
SUITE 201  
MIAMI, FL 33145 US**

Mailing Address  
**2300 CORAL WAY  
SUITE 201  
MIAMI, FL 33145 US**

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

02132008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**52-2067519**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DADE CORPORATE SERVICES, INC.  
2300 CORAL WAY  
SUITE 103  
MIAMI, FL 33145**

Name

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

City

**FL**

Zip Code

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  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **BLAZQUEZ DE BUSQUETS, CARMEN**  
STREET ADDRESS **CHALET CARMEN CHERMIN DE LA NORINTZ**  
CITY-ST-ZIP **1936 VERBIER SWITZERLAND,**

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

TITLE **SVP** ☐ Delete  
NAME **BUSQUETS, JOSE**  
STREET ADDRESS **CHALET CARMEN, CHEMIN DELA MORINT**  
CITY-ST-ZIP **1936 VERBIER, SWITZERLAND,**

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

TITLE **AS** ☐ Delete  
NAME **BUSQUETS BLAZQUEZ, NATALIA A**  
STREET ADDRESS **OBISPO CATALAN 2 PEDRALBES**  
CITY-ST-ZIP **OBO34 BARCELONA, SP**

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

TITLE **T** ☐ Delete  
NAME **BUSQUETS BLAZQUEZ, CARMEN E**  
STREET ADDRESS **CALLE NUNEZ PONTE QTA LA NASIA**  
CITY-ST-ZIP **LOMAS DEL MIRADOR, QA**

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

TITLE **VP** ☐ Delete  
NAME **BUSQUETS BLAZQUEZ, MARIA E**  
STREET ADDRESS **VIA PIETRO COSSA 1**  
CITY-ST-ZIP **20122 MILAN, ITALY,**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 with an address which is otherwise empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/08 (305) 856-0056**  
Date Daytime Phone #

*Jose Busquets*