

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094977

Entity Name: BRISTOL HOLDINGS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

2300 CORAL WAY
SUITE 201
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

2300 CORAL WAY
SUITE 201
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 52-2067519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAZQUEZ DE BUSQUETS, CARMEN
Address: CHALET CARMEN CHERMIN DE LA NORINTZ
City-St-Zip: 1936 VERBIER SWITZERLAND, US

Title: SVP () Delete
Name: BUSQUETS, JOSE
Address: CHALET CARMEN, CHEMIN DELA MORINT
City-St-Zip: 1936 VERBIER, SWITZERLAND, US

Title: AS () Delete
Name: BUSQUETS BLAZQUEZ, NATALIA A
Address: OBISPO CATALAN 2 PEDRALBES
City-St-Zip: OBO34 BARCELONA, SP US

Title: T () Delete
Name: BUSQUETS BLAZQUEZ, CARMEN E
Address: CALLE NUNEZ PONTE QTA LA NASIA
City-St-Zip: LOMAS DEL MIRADOR, QA US

Title: VP () Delete
Name: BUSQUETS BLAZQUEZ, MARIA E
Address: VIA PIETRO COSSA 1
City-St-Zip: 20122 MILAN, ITALY, US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE BUSQUETS

S

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date