

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90573 014 ***158.75

DOCUMENT # P99000049492 1. Entity Name BRIDGEPORT CAPITAL SERVICES, INC.					
Principal Place of Business 10063 NW 1 COURT FORT LAUDERDALE, FL 33324			Mailing Address 10063 NW 1 COURT FORT LAUDERDALE, FL 33324		
2. Principal Place of Business		3. Mailing Address 9600 W. SAMPLE RD. SUITE 205 CORAL SPRINGS, FL 33065			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State CORAL SPRINGS, FL		4. FEI Number 65-0923124	
Zip 		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENSTEIN, JASON 10063 NW 1 COURT PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9600 W. SAMPLE RD. SUITE 205 CORAL SPRINGS, FL 33065		
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: <u>Jason Rosenstein, EUP</u> DATE: <u>4/15/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS ROSENSTEIN, MARK 10063 NW 1 CT PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHER, RICHARD 10063 NW 1 CT PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ROSENSTEIN, JASON 10063 NW 1 COURT FORT LAUDERDALE, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jason Rosenstein, EUP</u> DATE: <u>4/15/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		