

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M50813 1. Entity Name BIRD PONCE PROPERTY, INC.	
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Principal Place of Business % GATENO 21730 FRONTENAC CT BOCA RATON, FL 33433	Mailing Address % GATENO 21730 FRONTENAC CT BOCA RATON, FL 33433
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02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0019442	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GATENO, LUCY
21730 FRONTENAC CT
BOCA RATON, FL 33433**

**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, 2004 Fee will be \$550.00**

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

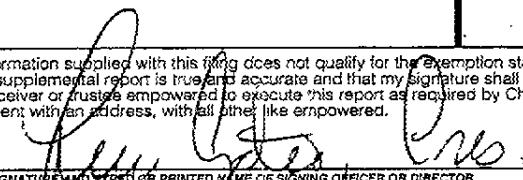
**U00000077726
03/05/04-80055-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GATENO, L. 21730 FRONTENAC CT BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 (561) 487-0690
Date Daytime Phone #