2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90083 024 ***150.00

DOCUMENT # M50813

1. Entity Name
BIRD PONCE PROPERTY, INC.

Principal Place of Business	Mailing Address
% GATENO 21730 FRONTENAC CT BOCA RATON, FL 33433	% GATENO 21730 FRONTENAC CT BOCA RATON, FL 33433

01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3101 South Ocean Dr.	3101 South Ocean Dr.
Suite, Apt. #, etc.: Apt 1908	Suite, Apt. #, etc.: Apt 1908
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33019 Country: USA	Zip: 33019 Country: USA

4. FEI Number: 65-0019442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GATENO, LUCY
21730 FRONTENAC CT
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 3101 South Ocean Dr, Apt 1908
City: Hollywood FL Zip Code: 33019

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, 2007 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: D NAME: GATENO, L. STREET ADDRESS: 21730 FRONTENAC CT CITY-ST-ZIP: BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS: 3101 South Ocean Dr. Apt 1908 CITY-ST-ZIP: Hollywood, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/31/07 954-922-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #