

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.	
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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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2. Principal Place of Business - No P.O. Box # 3101 South Ocean Dr. Suite, Apt. #, etc. Apt 1908 City & State Hollywood, FL Zip 33019 Country USA	3. Mailing Address 3101 South Ocean Dr. Suite, Apt. #, etc. Apt 1908 City & State Hollywood, FL Zip 33019 Country USA
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40005555



01182007 Chg-P CR2E034 (12/06)

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
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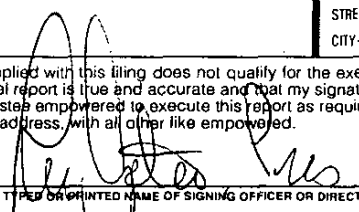
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GATENO, L. 21730 FRONTENAC CT BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 3101 South Ocean Dr. Apt 1908 Hollywood, FL 33019
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:  **1/31/07** **954-922-1252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #