


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 040 ****61.25

DOCUMENT # N04000011001

1. Entity Name
BIRD ROAD CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**8000 W FLAGLER STREET SUITE 203
 MIAMI, FL 33144**

Mailing Address
**8000 W FLAGLER STREET SUITE 203
 MIAMI, FL 33144**

2. Principal Place of Business
13205 SW 137 Avenue

3. Mailing Address
13205 SW 137 Avenue

Suite, Apt. #, etc.
Suite 232

Suite, Apt. #, etc.
Suite 232

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33186

Country
USA

Zip
33186

Country
USA

02212005 Chg-NP CR2E037 (10/03)

4. FEI Number
68-0597705

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POZO-DIAZ, MARTHA
 8000 W FLAGLER STREET SUITE 203
 MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name
Ana Sanchez

Street Address (P.O. Box Number is Not Acceptable)
13205 SW 137 Avenue

Suite 232

City
MIAMI FL

Zip Code
33186

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 *Ana Sanchez, Manager* DATE 2/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
 Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POZO-DIAZ, MARTHA 8000 W FLAGLER STREET SUITE 203 MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POZO, EDUARDO 8000 W FLAGLER STREET SUITE 203 MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, RAMON 8000 W FLAGLER STREET SUITE 203 MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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]* DATE: 2/21/05 DAYTIME PHONE: 305 232 1579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR