


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90021 022 \*\*\*150.00

**DOCUMENT # P00000116680**

1. Entity Name  
**BIRDIE PAR CORP.**



Principal Place of Business  
**4540 OAK TREE CT  
 DELRAY BEACH, FL 33445**

Mailing Address  
**C/O DAVID DREYER, ESQ, HOLLAND & KNIGHT LL  
 222 LAKEVIEW AVENUE, SUITE 1000  
 WEST PALM BEACH, FL 33401**

2. Principal Place of Business  
**Holland & Knight LLP  
 c/o Allan Landau  
 Suite, Apt. #, etc.  
 222 Lakeview Ave., Suite 1000**



City & State  
**West Palm Beach, FL 33401**

3. FEI Number  
**01282004**

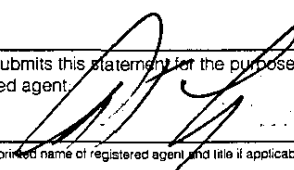
4. Certificate of Status Desired  Chg-P  CR2E034 (10/03)

5. Additional Fee Required  \$8.75

6. Name and Address of Current Registered Agent  
**DREYER, DAVID E  
 222 LAKEVIEW AVENUE, SUITE 1000  
 W PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent  
 Name  
**Holland & Knight LLP, c/o Allan Landau**  
 Street Address (P.O. Box Number is Not Acceptable)  
**222 Lakeview Ave., Suite 1000**  
 City  
**West Palm Beach** FL Zip Code  
**33401**

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  DATE **2/5/04**

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, 2004 Fee will be \$550.00**

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

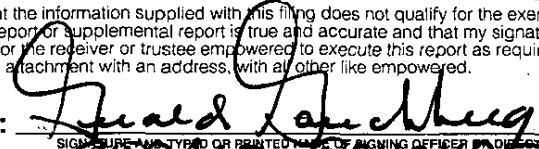
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOUCHBERG, GERALD 4540 OAK TREE CT DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOUCHBERG, LITA 4540 OAK TREE CT DELRAY BEACH, FL 33445 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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:  DATE **2-25-04** DAYTIME PHONE # **561-499-7052**

**GERALD GOUCHBERG**