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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000116680			
1. Entity Name BIRDIE PAR CORP.			
Principal Place of Business 4540 OAK TREE CT DELRAY BEACH, FL 33445		Mailing Address 60 DAVID DREYER, ESQ., HOLLAND & KNIGHT, LLP 625 N FLAGLER DR, STE 700 WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address David Dreyer, Esq. Holland & Knight, LLP 222 Lakeview Avenue Suite 1000	
Suite, Apt. #, etc.		City & State West Palm Beach	
City & State		4. FEI Number 65-1090264	
Zip		Country Palm Beach	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DREYER, DAVID E 625 N FLAGLER DR, STE 700 W PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name David E. Dreyer Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Avenue, 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 _____ (NOTE: Registered Agent's signature required when appointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Gerald Gouchberg</i>		Date: 3-17-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



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CHECK HERE IF MAKING CHANGES

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