


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # P93000029155


1. Entity Name
BIRD-WAL, INC.



Principal Place of Business Mailing Address

15959 N.W. 15 AVE. 15959 N.W. 15 AVE.
MIAMI, FL 33169 US MIAMI, FL 33169 US

DO NOT WRITE IN THIS SPACE



05162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0403868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARR, NEAL E
15959 NW 15 AVE
MIAMI, FL 33169

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

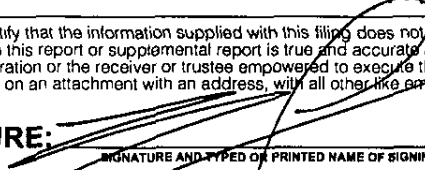
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRAMER, JEFFREY A
STREET ADDRESS	15959 NW 15 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	ROSENFELD, WILLIAM
STREET ADDRESS	15959 NW 15 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80059-011 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/17/2007 305-623-6995
Date Daytime Phone #