

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90107 015 ***150.00

DOCUMENT # P96000043256
 1. Entity Name
 BIRD LAKES FACILITY CARE, INC.



Principal Place of Business: 14279 S.W. 52ND ST. MIAMI, FL 33175
 Mailing Address: 14279 S.W. 52ND ST. MIAMI, FL 33175

50025886



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

03102005 Chg-P CR2E034 (10/03)

City & State: City & State
 Zip: 33175-5830 Country: Country

4. FEI Number: 65-0667151 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GONZALEZ, JACINTO
 14279 S.W. 52ND ST.
 MIAMI, FL 33175

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: FL Zip Code: 33175-5830

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: _____

9. Election Campaign Financing: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Delete	NAME: GONZALEZ, JACINTO	TITLE: President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 14279 S.W. 52ND ST.	CITY-ST-ZIP: MIAMI, FL 33175	NAME: GONZALEZ, JACINTO	
		STREET ADDRESS: 14279 SW 52 ST	
		CITY-ST-ZIP: Miami FL 33175-5830	
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	
		STREET ADDRESS: _____	
		CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	
		STREET ADDRESS: _____	
		CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	
		STREET ADDRESS: _____	
		CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jacinto Gonzalez - President* Date: March 10th, 2005 (305) 558-0192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Daytime Phone # _____