2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 350479

1. Entity Name
RARE BIRD FARM, INC.

Principal Place of Business	Mailing Address
13101 S. CALUSA CLUB DRIVE MIAMI, FL 33186	13101 S. CALUSA CLUB DRIVE MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
49-1207095	Not Applicable

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

6. Name and Address of Current Registered Agent

MAROLF, PAUL
13101 S CALUSA CLUB DR
MIAMI, FL 33186

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

U000000385030
01/17/06-80039-010 158.75

TITLE	PD
NAME	PAUL, MAROLF
STREET ADDRESS	13101 S. CALUSA CLUB DR
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VPD
NAME	LIZETTE MAROLF
STREET ADDRESS	13101 S. CALUSA CLUB DR.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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IN THIS SPACE

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: _Lizette Marolf_   VPD   1/9/06   305387.5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #