
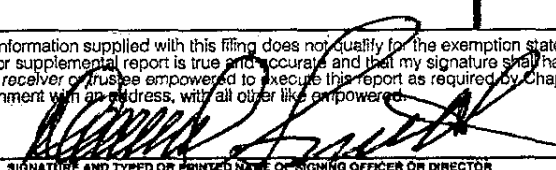


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 574893</b> 1. Entity Name BIRD DEPOT, INC.		
Principal Place of Business 2301 S.W. 31 AVE. HALLANDALE, FL 33009	Mailing Address 2301 S.W. 31 AVE. HALLANDALE, FL 33009	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SMITH, DAVID 20341 NE 7TH PLACE N. MIAMI, FL 33179		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DAVID 20341 NE 7TH PL N. MIAMI, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CORINNE 20341 NE 7TH PL N. MIAMI, FL	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/12/05 954-983-1110</b> <small>Date Daytime Phone #</small>



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1838874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U00000303962  
04/14/05-80023-016 150.00