2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90441 033 ****61.25

DOCUMENT # 744264

1. Entity Name
THE AVIARY AND CAGE BIRD SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2523 SW 65TH TERR BOCA RATON, FL 33428	22523 SW 65TH TERR BOCA RATON, FL 33428

2. Principal Place of Business	3. Mailing Address
661 SW 54th Ave	661 SW 54th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL.	City & State: Plantation, FL.
Zip: 33317 Country: USA	Zip: 33317 Country: USA

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1926480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKAT, ALBERT O
7520 N.W. 7TH STREET
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILKAT, MELBA 7520 NW 7TH STREET PLANTATION, FL 33317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Portillo, Jose 13831 N. Miami Ave. Miami, FL. 33168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVID, MARCIA 661 SW 54TH AVE PLANTATION, FL 33331	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID, MARCIA J. 661 SW. 54th Ave. Plantation, FL. 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, NOREEN 2980 SW 22ND ST FORT LAUDERDALE, FL 33312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, NOREEN 2132 NE 24th ST. FORT LAUDERDALE, FL. 33305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAME, ROBERT 22523 SW 65TH TERR BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FIORIO, Joseph 1509 NE 6th ST. Ft. Lauderdale, FL. 33304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Marcia J. David 4-21-06 954-321-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #