2007 FOR PROFIT CORPORATION ANNUAL REPORT.

~~05 21 2007 90056 017 **158.75~~
FILED
J36340

09/12/2007 01921 001 $158.75
2007 OCT 18 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J36340

1. Entity Name
BIRD JUNCTION, INC.

Principal Place of Business	Mailing Address
4430 N UNIVERSITY DR LAUDERHILL, FL 33351 US	4430 N UNIVERSITY DR LAUDERHILL, FL 33351-5738

05162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6846 N. UNIVERSITY DR	6846 N UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
~~TAMARAC, FL~~	
City & State: TAMARAC, FL.	City & State: TAMARAC, FL
Zip: 33321 Country: U.S.A.	Zip: 33321 Country: US

4. FEI Number: 59-2754245 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRADER, BARBARA
8401 N.W. 59TH ST
TAMARAC, FL 33321

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: Barbara Brader, Pres 9/16/07
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADER, BARBARA 4430 N UNIVERSITY DR LAUDERHILL, FL	☒ Delete	PD BRADER, BARBARA 6846 N. UNIVERSITY DR TAMARAC, FL 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBARA BRADER 6846 N. UNIVERSITY DR TAMARAC, FL 33321	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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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: Barbara Brader, Pres 9/16/07 (954)724-8048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document corrected per Barbara Brader. DS