

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000009868

1. Entity Name

OASIS BIRD PARK & GARDENS, INC.



FILED
Feb 09, 2007 08:00 AM
Secretary of State

3782
2-6-07



Principal Place of Business

17075 SW 192ND ST.
MIAMI FL 33187

Mailing Address

17075 SW 192ND ST.
MIAMI FL 33187

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

04-3808754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, ALFREDO R
17075 SW 192ND STREET
MIAMI FL FL 33187

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE NAME PD
STREET ADDRESS VALDES, ALFREDO R
CITY-STATE-ZIP 17075 SW 192ND ST.
MIAMI FL 33187 ☐ Delete

TITLE NAME VTD
STREET ADDRESS FERNANDEZ, MARCELINO
CITY-STATE-ZIP 17075 SW 192ND ST.
MIAMI FL 33187 ☐ Delete

TITLE NAME D
STREET ADDRESS VALDES, MEDARDO
CITY-STATE-ZIP 17075 SW 192ND ST.
MIAMI FL 33187 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] 2/7/07