


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

03-20-2008 90028 045 ****70.00

DOCUMENT # N04000010903			
1. Entity Name OFFICE SUITE ONE OF BIRD ROAD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13055 SW 42 STREET SUITE 203 MIAMI, FL 33175		Mailing Address 13055 SW 42 STREET SUITE 203 MIAMI, FL 33175	
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

66007247



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2613178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVID SLATON, ESQ
169 E FLAGLER STREET
SUITE 1224
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Brough, Chadrow & Levine, P.A.
Street Address (P.O. Box Number is Not Acceptable):
Global Commerce Center
1900 North Commerce Plaza
City: Weston State: FL Zip Code: 33326

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: Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A. DATE: 2/26/08
Signature of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	PT	<input type="checkbox"/> Delete
NAME	CABALLERO-RIOS, MARILYN	
STREET ADDRESS	13055 SW 42 STREET, SUITE 203	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAVERAN, ONIEL	
STREET ADDRESS	13055 SW 42 STREET, SUITE 107	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WON, RICARDO	
STREET ADDRESS	13055 SW 42 STREET, SUITE 209	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Marilyn Caballero-Rios Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR