
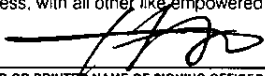


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000011001 1. Entity Name BIRD ROAD CONDOMINIUM ASSOCIATION INC.						FILED 07 MAY 30 AM 10:26 FLORIDA STATE JAIL AND ASSE. FLORIDA	
Principal Place of Business 3800 SW 102 AVE. MIAMI, FL 33165				Mailing Address 7446 SW 48 ST. MIAMI, FL 33155			
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	
6. Name and Address of Current Registered Agent VILAR PROPERTY MANAGEMENT 7446 SW 48 ST. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 68-0597705			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$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 PD TZE, CHING HSIANG 3800 SW 102TH AVE, # 205 MIAMI, FL 33165				TITLE NAME STREET ADDRESS CITY-ST-ZIP 300104257723 06/12/07--01015--015 **\$1.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD TRIMBLE, KENNETH 3800 SW 102ND AVE, # 216 MIAMI, FL 33165				TITLE NAME STREET ADDRESS CITY-ST-ZIP TD FERNANDEZ, FERNANDO 3800 S.W 102 AVE # 122 MIAMI, FL 33165			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD PERALTA, JOSE DE G 3800 SW 102ND AVE., #2 MIAMI, FL 33165				TITLE NAME STREET ADDRESS CITY-ST-ZIP SD FERNANDEZ, FERNANDO 3800 SW 102ND AVE, # 122 MIAMI, FL 33165			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD CAMINA, FRANCISCO 3800 SW 102 AVE, # 109 MIAMI, FL 33165				TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)				TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)			
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: 				5/22/07 3056622781			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			