
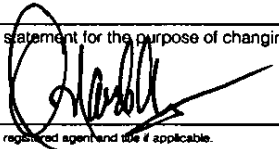
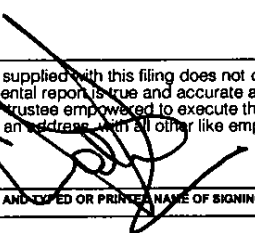


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 036 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000009557					
1. Entity Name BIRD GROVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2850 DOUGLAS ROAD STE PH-4 CORAL GABLES, FL 33134			Mailing Address 2850 DOUGLAS ROAD STE PH-4 CORAL GABLES, FL 33134		
2. Principal Place of Business 10556 N.W. 26 Street		3. Mailing Address 10556 N.W. 26 Street			
Suite, Apt. #, etc. D-203		Suite, Apt. #, etc. D-203			
City & State Doral, Fl.		City & State Doral, Fl.			
Zip 33172	Country USA	Zip 33172	Country USA	04272006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2238560				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEB, KEVIN L ESQ 9100 S DADELAND BLVD STE 1607 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Arrom, Orlando Street Address (P.O. Box Number is Not Acceptable) 10556 N.W. 26 Street D-203 City Doral FL Zip Code 33172		
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  ORLANDO ARROM DATE 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D OLMOS, CARLOS 2734 BIRD AVE., UNIT 113 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVA, DANIEL 2734 BIRD AVE., UNIT 113 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4/28/06 (305) 592-0663 Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					