


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009193
 1. Entity Name
 BIRD WINGATE MASTER ASSOCIATION, INC.



Principal Place of Business: 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155
 Mailing Address: 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155

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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8856520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRUZ, JOSEPHINE
 4300 SW 73RD AVE STE 105
 MIAMI, FL 33155

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SMITH, ALAN 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTD CRUZ, JOSEPHINE 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD TKACH, CONRAD 4300 SW 73 AVENUE SUITE 105 MIAMI, FL 33155
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 05/21/08-80094-025 61.25

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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 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 information.

SIGNATURE: Josephine Cruz 4/22/08 305-262-6684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #