

FROM :


FAX NO. : 3055699118

Apr. 28 2004 10:48 AM

FREE

Apr 30, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P0000007230		
1. Entity Name BIRD ROAD PROPERTIES, INC.		

Principal Place of Business 1172 S. DIXIE HIGHWAY #354 CORAL GABLES, FL 33146	Mailing Address 1172 S. DIXIE HIGHWAY #354 CORAL GABLES, FL 33146
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Deared <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ, JUAN D 930 AGUERO AVENUE CORAL GABLES, FL 33146	
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DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000142809
004-60067-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FERNANDEZ, JUAN D 930 AGUERO AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, ANTONIO 4000 GRANADA BOULEVARD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 empowerers.

SIGNATURE:  **VP.** 4-25-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / OR DIRECTOR

Date

Daytime Phone #