


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 010 ***150.00

DOCUMENT # P0000066420
 1. Entity Name
BIRD SQUARE PLAZA MANAGEMENT, INC.




Principal Place of Business Mailing Address
 12185 S. DIXIE HIGHWAY MIAMI FL 33156 12185 S. DIXIE HIGHWAY MIAMI FL 33156

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

54017431



MOORE CR2E034 (11/03)

4. FEI Number **65-1060420** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SU, JAMES
12185 SOUTH DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SU, SIXTO
STREET ADDRESS	8905 S.W. 102 TERRACE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	SU, HILDA
STREET ADDRESS	8905 S.W. 102 TERRACE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	SU, HENRY
STREET ADDRESS	11274 S.W. 73RD TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	D <input type="checkbox"/> Delete
NAME	SU, JAMES
STREET ADDRESS	8905 S.W. 102 TERRACE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> Delete
NAME	SU, DAVID
STREET ADDRESS	8905 S.W. 102 TERRACE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SU, HENRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10733 S.W. 118th Court
CITY-ST-ZIP	Miami, FL 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 empowered.

SIGNATURE: James Su **JAMES SU** 3/09/04 (305)251-7616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #