


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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

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



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/06)
4. FEI Number 65-1060420	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 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: *James Su* **JAMES SU** DATE: **4-11-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	SU, SIXTO	<input type="checkbox"/>
STREET ADDRESS	12185 SOUTH DIXIE HWY	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/>
NAME	SU, HILDA	<input type="checkbox"/>
STREET ADDRESS	12185 SOUTH DIXIE HWY	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/>
NAME	SU, HENRY	<input type="checkbox"/>
STREET ADDRESS	12185 SOUTH DIXIE HWY	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/>
NAME	SU, JAMES	<input type="checkbox"/>
STREET ADDRESS	12185 SOUTH DIXIE HWY	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/>
NAME	SU, DAVID	<input type="checkbox"/>
STREET ADDRESS	12185 SOUTH DIXIE HWY	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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** DATE: **4-11-07** 305-251-7616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR