## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000044399

Entity Name: BIRD ROAD STATION CORP.

FILED Feb 12, 2009 Secretary of State

Littly Na	IIIE. BIRD ROA	AD STATION CORF.			
Current Principal Place of Business:			New Principal Place of Business:		
7625 SW 4 MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
7625 SW 4 MIAMI, FL					
FEI Number	: 46-0478698	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
ATIENZA, 9240 SW ( MIAMI, FL					
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ATIENZA, EDUA 9240 SW 64 ST MIAMI, FL 3317		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SOLARES, JOSI 9240 SW 64 ST MIAMI, FL 3317		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MORENO, ANTO 10431 SW 40 TE MIAMI, FL 3316	ERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () FOLGUEIRA, BA 11391 SW 64 S' MIAMI, FL 3317	Γ	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EDUARDO ATIENZA OFFI 02/12/2009

9145 SW 72 AVE APT 3

City-St-Zip: MIAMI, FL 33156

Address: