

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90156 010 \*\*\*150.00

**DOCUMENT # P02000103048**

**1. Entity Name**  
**BIRDSMANIA, INC.**



**Principal Place of Business**  
**8625 SADDLEBROOK CIR., #1306**  
**NAPLES FL 34104**

**Mailing Address**  
**8625 SADDLEBROOK CIR., #1306**  
**NAPLES FL 34104**



**2. Principal Place of Business**  
**13352 N. CLEVELAND AVE**  
**Suite, Apt. #, etc. 304**

**3. Mailing Address**  
**8625 Saddlebrook Cir**  
**Suite, Apt. #, etc. 1306**

**City & State**  
**N. FT MYERS, FL**  
**Zip 33903**  
**Country Lee**

**City & State**  
**NAPLES, FL**  
**Zip 34104**  
**Country Collier**

**4. FEI Number**  
**54-2080328**  
**Applied For**  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**VALDES, MIGUEL A**  
**8625 SADDLEBROOK CIR., #1306**  
**NAPLES FL 34104**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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** *Miguel A. Valdes CEO*

**4/1/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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** **CEO** ☐ Delete  
**NAME** **VALDES, MIGUEL A**  
**STREET ADDRESS** **8625 SADDLEBROOK CIR., #1306**  
**CITY-ST-ZIP** **NAPLES FL 34104**

**TITLE** **P** ☐ Delete  
**NAME** **VALDES, SORAYA A**  
**STREET ADDRESS** **8625 SADDLEBROOK CIR., #1306**  
**CITY-ST-ZIP** **NAPLES FL 34104**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ 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:** *Miguel A. Valdes* **4/1/03 239-272-6248**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Date** **Daytime Phone #**

CR2E034 (10/02)