


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

| | |
|--|--|
| DOCUMENT # P03000004981 | |
| 1. Entity Name JUAN C. BIRD DMD P.A. | |
|  | |
| Principal Place of Business 401 MIRACLE MILE SUITE 411 MIAMI, FL 33134 | Mailing Address 401 MIRACLE MILE SUITE 411 MIAMI, FL 33134 |



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 16-1649055 | 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

**BIRD, JUAN C
10249 S.W. 162 COURT
MIAMI, FL 33196**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|----------------------|-------------------------------|---|---------------------------------------|
| TITLE PST | NAME BIRD, JUAN C | STREET ADDRESS 10249 S.W. 162 COURT | CITY-ST-ZIP MIAMI, FL 33196 |
| TITLE NAME | STREET ADDRESS NAME | CITY-ST-ZIP NAME | |
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| TITLE NAME | STREET ADDRESS NAME | CITY-ST-ZIP NAME | |

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04/18/07-80006-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/2007

Date

(305) 648-9190

Daytime Phone #