2008 FOR PROFIT CORPORATION

FILED Apr 17, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P03000004981 1. Entity Name JUAN C. BIRD DMD P.A. Principal Place of Business Mailing Address **401 MIRACLE MILE 401 MIRACLE MILE** SUITE 411 MAMI, FL 33134 SUITE 411 MIAMI, FL 33134 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1649055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIRD, JUAN C DO NOT WRITE 10249 S.W. 162 COURT MIAMI, FL 33196 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 remetating) U00000903151 04/30/08-80035-001 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PST BIRD, JUAN C NAME 10249 S.W. 162 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 at 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 empowe

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP IIIŒ NAME STREET ADDRESS CITY-ST-ZIP

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

80/41 Jing (305) 648 - 9190