2005 FOR PROFECORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P03000075356 1. Entity Name BIRD ROAD PETROLEUM ENTERPRISES, INC.					04-04-200)5 90075 028		00
Principal Place 8800 S.W. 10 MIAMI, FL 33	04TH STREET	Mailing Address 8800 S.W. 104TH STREET MIAMI, FL 33176						
2. Principal Place of Business 2401 NW 3040 AVE Suite, Apt. #, etc.		3. Mailing Address 3401 NW 3044 Ave Suite, Apt. #, etc.			02072005 Chg-P CR2E034 (10/03)			
City & State	· ·	City&State	•		02072005 Chg-P 4. FEI Number	Chzeud		plied For
Miam	11 +L	Miami 4	Country		APPLIED FOR		No	Applicable
Zip 331		33142			5. Certificate of Status Desir	eu	8.75 Addi ee Required	
ARAZOZA & FERNANDEZ-FRAGA P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Joe B. Cox C/o Cox & Nici Street Address (P.O. Box Number is Not Acceptable) 1185 ImmoRalee Rd Suite 110 City Nagles FL Zip Code 34/10				
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 prince hand of facistered agent and the ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
After Ma	E NOW!!! REE IS \$150.00 ay 1, 2005 Fee will be \$550.0		ition.	\$5.0 Added	O May Be I to Fees			
10.	OFFICERS AND I	DIRECTORS Delete	TITLE		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PEQUENO, TOMAS 8800 S.W. 104TH STREET MIAMI, FL 33176	2 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.V. Toma 2401	,51 islequeNo Jr. NW 3044 Ave M	liami,FZ 33	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ □ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
12. I hereby certify that the information supplied with this time 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 suppliemental 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 empoyered 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: **Tomas** **Option** **Opt								
SIGNAL	SIGNATURE AND WHED OR P	PARTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	0.	sytime Phone #	