

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111341

Entity Name: OH, BIRDS..I , INC

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

10808 SW 72 ST.
131
MIAMI, FL 33173 US

New Principal Place of Business:

17295 W ALAN BLACK BLVD.
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

10808 SW 72 ST.
131
MIAMI, FL 33173 US

New Mailing Address:

17295 W ALAN BLACK BLVD.
LOXAHATCHEE, FL 33470 US

FEI Number: 20-1474328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENS, RAFAEL A
10808 SW 72 ST.
131
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

TORRENS, RAFAEL A
17295 W ALAN BLACK BLVD.
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: RAFAEL A. TORRENS

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERNAZA, AMARILYS
Address: 10808 SW 72 ST. # 131
City-St-Zip: MIAMI, FL 33173 US

Title: VP () Delete
Name: TORRENS, RAFAEL A
Address: 10808 SW 72 ST. # 131
City-St-Zip: MIAMI, FL 33173 US

Title: VP () Delete
Name: COLLAZO, LUIS E
Address: 10808 SW 72 ST. # 131
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERNAZA, AMARILYS
Address: 17295 W ALAN BLCAK BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP (X) Change () Addition
Name: TORRENS, RAFAEL A
Address: 17295 W ALAN BLACK BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP (X) Change () Addition
Name: COLLAZO, LUIS E
Address: 17295 W ALAN BLACK BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: AMARILYS BERNAZA

P

03/30/2005

Electronic Signature of Signing Officer or Director

Date