

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90089 034 \*\*\*158.75

**DOCUMENT # P93000014281**

1. Entity Name  
**MIAMI BIRDLAND, CORP.**



Principal Place of Business  
**7111 W. FLAGLER ST.  
MIAMI, FL 33144**

Mailing Address  
**7111 W. FLAGLER ST.  
MIAMI, FL 33144**

100115 40075391



2. Principal Place of Business - No P.O. Box # **24600 SW 214 Place** 3. Mailing Address **24600 SW 214 Place**

01072008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

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City & State **Miami FL**

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4. FEI Number  
**65-0390319**

Applied For  
Not Applicable

Zip **33031** Country

Zip **33031** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIEDRA, LOURDES  
7111 W. FLAGLER ST.  
MIAMI, FL 33144**

Name **PIEDRA LOURDES**

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

**24600 SW 214 Place**

City **Miami** FL Zip Code **33031**

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)**

**3-17-08**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
NAME **PIEDRA, LOURDES**  
STREET ADDRESS **11250 SW 60TH TERR**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres, Sec, DIR** ☒ Change ☐ Addition  
NAME **PIEDRA, LOURDES**  
STREET ADDRESS **24600 SW 214 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33031**

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

TITLE ☐ Change ☐ Addition  
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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 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)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres** **3-17-08** **774-9485**  
Date Daytime Phone #