


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000029155**


1. Entity Name  
**BIRD-WAL, INC.**



Principal Place of Business      Mailing Address

**15959 N.W. 15 AVE.**      **15959 N.W. 15 AVE.**  
**MIAMI, FL 33169 US**      **MIAMI, FL 33169 US**

**DO NOT WRITE IN THIS SPACE**



05162007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0403868</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FARR, NEAL E**  
**15959 NW 15 AVE**  
**MIAMI, FL 33169**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, JEFFREY A 15959 NW 15 AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, WILLIAM 15959 NW 15 AVE MIAMI, FL 33169
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**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      **5/17/2007**      **305-623-6995**

Date      Daytime Phone #