

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90036 030 \*\*\*150.00

DOCUMENT # P94000030278

1. Entity Name

SUNBIRD REALTY, INC.



Principal Place of Business

5246 FISHER ISLAND DRIVE  
FISHER ISLAND  
MIAMI BEACH FL 33109  
US

Mailing Address

HISPANO PRIVATE ADVISORS  
1401 BRICKELL AVE STE 1200  
MIAMI FL 33131  
US

2. Principal Place of Business

5246 Fisher Island Dr

Suite, Apt. #, etc.

Fisher Island

City & State

FLORIDA

Zip  
33109

Country

USA

3. Mailing Address

SCH- Private Advisors

Suite, Apt. #, etc.

1401 Brickell Ave Suite

City & State

Mia- FL

Zip  
33131

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3238744

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.

5246 FISHER ISLAND DRIVE  
MIAMI BEACH FL 33109

7. Name and Address of New Registered Agent

Name

B+C Corporate Services Inc.

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

201 South Biscayne Boulevard

Suite 3000

City

Miami

FL

Zip Code

33131

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

*Yusef Jasco*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution.

☐ \$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	KOHL, DANIELA	
STREET ADDRESS	5246 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #