


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 001 ***150.00

DOCUMENT # P95000067186	
1. Entity Name CREATIONS BY BIRD, INC.	

Principal Place of Business 6831 SOUTHWEST 147TH AVENUE, #3-B MIAMI, FL 33193	Mailing Address 6831 SOUTHWEST 147TH AVENUE, #3-B MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0615699	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEE, STEVEN M. 4699 CORAL WAY SUITE 602 MIAMI, FL 33146 MOVED TO: 1200 S.W. 2nd AVENUE MIAMI, FL, 33130-4214	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 <u>Steven M. Lee</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>4-5-05</u> <small>(NOTE: Registered Agent signature required when registering) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, MARIA ROSA 6831 S.W. 147TH AVENUE, #3B MIAMI, FL 33193
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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: <u>Maria Rosa Bird</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/20/05</u> <small>Date</small>
	<u>(305) 386-2802</u> <small>Daytime Phone #</small>

MARIA ROSA BIRD