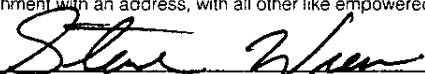


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90302 046 ***150.00

DOCUMENT # V17113 1. Entity Name BIRD STREET CORP.					
Principal Place of Business 7453 S.W. 40TH STREET MIAMI FL 33155				Mailing Address 1157 SWEETWATER RD SPRING VALLEY CA 91977	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOPEZ, ESQ., JOSEPH F 250 BIRD ROAD #302 CORAL GABLES FL 33146				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDST ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WIENER, STEVEN		NAME		
STREET ADDRESS	C/OJOSEPH F LOPEZ,ESQ 250 BIRD RD #302		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE	V ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ANDRUS, W.H.		NAME		
STREET ADDRESS	250 BIRD DRD 302		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			3-11-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		