2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N95000003593

FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90041 019 ****61.25

1. Entity Name LIBERTY		N SERVICE INC.			- 1			04-21-2004	90041 0	19 C	01.23
Principal Place 4646 NW 17 MIAMI, FL 33	AVE.	•.	4646	Address VW 17 AVE. FL 33142-4133	3			2181 BAIH BBIK BBIH 4801	i ne ili nui i n th	11 \$1111 (1111 11	19 01 o g 10 0 0 ⁴⁵ 2
2. Principal Pl	lace of Busine	ess	3. Mailin	g Address							
Suite, Apt. #, etc. Sui			Suite	te, Apt. #, etc.		04132004	Chg-NP	CR2E03	7 (10/03)		
City & State	e		City	& State			4. FEI Number NOT APP	LICABLE			pplied For ot Applicable
Zip		Country	Zip	<u></u>	Coun	itry	5. Certificate of		ا بــــــــــــــــــــــــــــــــــــ	\$8.75 Add Ree Require	
	6. Name	and Address of Current	Registered	Agent		Name	7. Name and A	ddress of New R	egistered A	gent	
JOHNSON, ERNEST 3260 NW 45 ST. MIAMI, FL 33142						Street Addres	ss (P.O. Box Number	is Not Acceptable			
				,	-	City			FL	Zip Cod	e
	named entity tions of registe	submits this statement for ered agent.	or the purpor	se of changing its	registere	d office or regis	stered agent, or both	, in the State of Flo		 amiliar with,	and accept
											i
SIGNATURE .	Signature, typed	or printed name of registered agent		able. (NOTE	: Registered	Agent signature requ	uired when reinstating)		DATE		
SIGNATURE .	Filing Fee	````		9. Election Can Trust Fund C	npaign Fir	nancing _	\$5.00 May Be Added to Fees	M	lake check	payable to	
10.	Filing Fed Due by M	or printed name of registered agent	and title if applic	9. Election Can Trust Fund C	npaign Fir Contributio	nancing _	\$5.00 May Be	M Flor	lake check ida Depart	RECTORS IN	tate
10.	Filing Fed Due by M	or printed name of registered agant e is \$61.25 ay 1, 2004 OFFICERS AND DI	and title if applic	9. Election Carr	npaign Fir	nancing	\$5.00 May Be Added to Fees	M Flor	lake check ida Depart	iment of S	tate
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Indicated on this report or supplied with this him gues not quality for the exemption stated in section 119.07(3)(f). Florida Statutes, intriner 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 617, 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: 🕍	Einert Johnson		
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #