


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 07, 2007 08:00 A
Secretary of State

DOCUMENT # P01000030638
 1. Entity Name
 LIAISONIT, INC.



Principal Place of Business 3370 NE 190 STREET 2908 MIAMI, FL 33180	Mailing Address 3370 NE 190 STREET 2908 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



03032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1088532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

USHERENKO, VICTORIA
 20125 NE 25TH AVENUE
 MIAMI, FL 33180

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
After May 1, 2007 Fee will be \$550.00

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

U00000658396
 03/15/07-80036-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD USHERENKO, VICTORIA 20125 NE 25TH AVENUE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHADKIN, MICHAIL 20125 NE 25TH AVENUE MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Victoria Usherenko **VICTORIA USHERENKO** 3-5-07 305-936-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #