


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000023524
 1. Entity Name
 LIVERPOOL GROUP INC.



Principal Place of Business — Mailing Address
 1094 ALI BABA AVE. 8460 SW 179 ST.
 OPA LOCKA, FL 33054 US MIAMI, FL 33157 US

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0507779	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIOBIO, OSVALDO C
 1094 ALI BABA AVE
 OPA LOCKA, FL 33054

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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, 2005 Fee will be \$550.00

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

U00000201951
 01/28/05-80088-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOBIO, OSVALDO 1094 ALI BABA AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARBI, GUILLERMO 1094 ALI BABA AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE LEON, JUAN M 1094 ALI BABA AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOZLOVSKI, BERNARDO 1094 ALI BABA AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, MARIANO J 1094 ALI BABA AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000201951
 01/28/05-80088-010 8.75

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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: OSVALDO GIOBIO  1/10/05 (305) 953 1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #