

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147515

FILED  
May 12, 2006  
Secretary of State

Entity Name: LINER AMERICAN SERVICES CORP.

**Current Principal Place of Business:**

1812 N.W. 82ND AVENUE  
MIAMI, FL 33126

**New Principal Place of Business:**

1816 N.W. 82ND AVENUE  
MIAMI, FL 33126

**Current Mailing Address:**

1812 N.W. 82ND AVENUE  
MIAMI, FL 33126

**New Mailing Address:**

1816 N.W. 82ND AVENUE  
MIAMI, FL 33126

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARA, LUIS A  
1812 N.W. 82ND AVENUE  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

SARA, LUIS A  
1816 N.W. 82ND AVENUE  
MIAMI, FL 33126 US

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.

SIGNATURE: LUIS A. SARA

05/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SARA, LUIS A  
Address: 1812 N.W. 82ND AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: SILVA, PABLO  
Address: 1508 BAY ROAD APT. 1519  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SARA, LUIS A  
Address: 1816 N.W. 82ND AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. SARA

PD

05/12/2006

Electronic Signature of Signing Officer or Director

Date