

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-15-2008 90016 015 ***150.00
 03-05-2008 90032 048 ***150.00

DOCUMENT # P07000079101
 1. Entity Name
 LIBERTY OIL OF USA INC



Principal Place of Business Mailing Address
 14101 LINCOLNSHIRE CT 14101 LINCOLNSHIRE CT
 TAMPA, FL 33626 US TAMPA, FL 33626 US

40038877



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 12602 49th St. N. 12602 49th St. N.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

City & State City & State
 Clearwater, FL Clearwater, FL
 Zip Country Zip Country
 33762 USA 33762 USA

4. FEI Number Applied For
 26-0519634 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KHOJA, ANWAR A
 14101 LINCOLNSHIRE CT
 TAMPA, FL 33626

7. Name and Address of New Registered Agent
 Name
 Abul Bhuiyan
 Street Address (P.O. Box Number is Not Acceptable)
 12602 49th St. N.
 City Clearwater FL Zip Code 33762

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE P Delete <input checked="" type="checkbox"/>	NAME ATTA, SULWAN R STREET ADDRESS 3012 MERILL AVE CITY-ST-ZIP CLEARWATER, FL 33759
TITLE VP Delete <input checked="" type="checkbox"/>	NAME KHOJA, ANWAR A STREET ADDRESS 14101 LINCOLNSHIRE CT CITY-ST-ZIP TAMPA, FL 33626
TITLE TRES Delete <input checked="" type="checkbox"/>	NAME SOLANKI, DIGANT STREET ADDRESS 14101 LINCOLNSHIRE CT CITY-ST-ZIP TAMPA, FL 33626
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/Treasurer Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME Abul Bhuiyan STREET ADDRESS 12602 49th St. N. CITY-ST-ZIP Clearwater, FL 33762
TITLE V.P./Secretary Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME Mahmud H. Chowdhury STREET ADDRESS 12602 49th St. N. CITY-ST-ZIP Clearwater, FL 33762
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 02-13-08 Daytime Phone #
New President