

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 038 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000094123 1. Entity Name LIEBERMAN & GUTIERREZ, P.A.					
Principal Place of Business 44 W FLAGLER ST #2050 MIAMI, FL 33130			Mailing Address 44 W FLAGLER ST SUITE 2050 MIAMI, FL 33130 US		
2. Principal Place of Business - No P.O. Box # 66 W. FLAGLER ST.		3. Mailing Address 66 W. FLAGLER ST.			
Suite, Apt. #, etc. 802		Suite, Apt. #, etc. 802			
City & State Miami, FL		City & State Miami, FL			
Zip 33130		Zip 33130		Country Dade	
Country Dade		4. FEI Number 65-0542439			
		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAUM, SYDNEY S CABLE ONE TOWER PH 1275 1320 SOUTH DIXIE HWY MIAMI, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIEBERMAN, LYLE D 44 W FLAGLER ST #2050 MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 66 W. Flagler St., Suite 802 Miami, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LYLE D. LIEBERMAN			<div style="display: flex; justify-content: space-between;"> 3-13-07 305-358-0115 </div> <small>Date Daytime Phone #</small>		