

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003706

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** LIBERTY MARKETPLACE, INC.

**Current Principal Place of Business:**

10045 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

10045 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

10045 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

10045 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**FEI Number:** 37-1588500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: KENNEDY, JOAN  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP  
Name: SOKALER, ALAN  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SEC  
Name: MARINO, LORI B  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TREA  
Name: GAYLORD, PETER  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR  
Name: KORNWASSER, LAIZER  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR  
Name: RUBINO, RICHARD J  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO

POA

04/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date