

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90026 049 ***150.00

DOCUMENT # H66097 1. Entity Name LIBERDA, INC.					
Principal Place of Business 5920 NW BAYNARD DR. PORT SAINT LUCIE, FL 34986			Mailing Address 5920 NW BAYNARD DR. PORT SAINT LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box # 6263 COURTNEY PLACE		3. Mailing Address 6263 COURTNEY PLACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State VERO BEACH FLORIDA		City & State VERO BEACH FLORIDA		4. FEI Number 59-2554992	
Zip 32966		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBERDA, RONALD J. 5920 NW BAYNARD DR. PORT SAINT LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6263 COURTNEY PLACE City VERO BEACH FL Zip Code 32966			
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD LIBERDA, RONALD J. 5920 NW BAYNARD DR. PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete		TITLE Same NAME Same STREET ADDRESS CITY-ST-ZIP	PD RONALD J. LIBERDA 6263 COURTNEY PLACE VERO BEACH, FL 32966 <input checked="" 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	
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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 filers empowered.					
SIGNATURE: <u>Ronald J. Liberda</u> RONALD J. LIBERDA 2-19-08 <small>✓ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					