

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K12032**

1. Entity Name  
**PREVE LIBERATORE BARTON & CO.**



Principal Place of Business

**1200 BRICKELL AVENUE  
#750  
MIAMI, FL 33131 US**

Mailing Address

**1200 BRICKELL AVENUE  
#750  
MIAMI, FL 33131 US**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0043888**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ALVAREZ, VICTOR M.  
200 S BISCAYNE BLVD  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PREVE, DAVID J.
STREET ADDRESS	1200 BRICKELL AVE, SUITE 750
CITY- ST- ZIP	MIAMI, FL 331313255
TITLE	DV
NAME	LIBERATORE, BARBARA L.
STREET ADDRESS	1200 BRICKELL AVE, SUITE 750
CITY- ST- ZIP	MIAMI, FL 331313255
TITLE	DT
NAME	BARTON, CHARLES V.
STREET ADDRESS	1200 BRICKELL AVE, SUITE 750
CITY- ST- ZIP	MIAMI, FL 331313255
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000156371  
05/05/04-80076-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles V. Barton**

**4/30/04**

**305-375-8000**

Date

Daytime Phone #