


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K12032</b>	
1. Entity Name <b>PREVE LIBERATORE BARTON &amp; CO.</b>	

Principal Place of Business <b>1200 BRICKELL AVENUE #750 MIAMI, FL 33131 US</b>	Mailing Address <b>1200 BRICKELL AVENUE #750 MIAMI, FL 33131 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0043888</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>ALVAREZ, VICTOR M. 200 S BISCAYNE BLVD MIAMI, FL 33131</b>
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	U00000767933 07/10/07-80024-020 150.00 DATE
--	---

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**DO NOT WRITE IN THIS SPACE**

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>	7/5/2007 Date	3053758000 Daytime Phone #
---	------------------	-------------------------------