2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

K47422 **DOCUMENT #**

1. Entity Name

LIBISOUF CORP.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90270 016 ***150.00

SUSSMAN, WILLIAM C. 1570 MADRUGA AVE SUITE 311 MIAMI FL 33146 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent are still of applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD SUSSMAN, WILLIAM C. STREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P						'				
Suite, Apt. #, etc. Suite, Ap	% WILLIAM C. SUSSMAN 1570 MADRUGA AVE. SUITE 311		% WILLIAM C. SUSSMAN 1570 MADRUGA AVE. SUITE 311							
City & State Country Country Succertificate of Status Desired	2. Principal Place of Business		3. Mailing Address							
City & State Country Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent Name SUSSMAN, WILLIAM C. 1570 MADRUGA AVE SUITE 311 MIAMI FL 33146 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepte the obligations of registered agent. SIGNATURE FILE NOW!!!, FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CORAL GABLES FL Fee Required Fee Pequired Fee Required Fe	City & State		City & State			4. FE	4. FEI Number 65-0125274 Applied For Not Applicable			
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8. The above named entity submits this statement for the purpose of changing its 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								Zin Co		
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CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

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