2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am Secretary of State DOCUMENT # N00000008265 1. Entity Name 03-09-2006 90166 005 ****70.00 LIBERTY SQUARE RESIDENT COUNCIL. INC. Principal Place of Business Mailing Address 1321 N.W. 58 TERRACE MIAMI FL 33142 6300 N W 14TH AVENUE MIAMI FL 33147 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number 65-0258995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERRE, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1321 N.W. 58 TERRACE MIAMI FL 33142 Zip Code 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 lamiliar with, and accept the obligations of registered agent. typed or ponted name of registered agent and title if applicable n reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DΡ TITLE ☐ Delete TITLE PIERRE, BARBARA NAME NAME 1321 NW 58 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-51-70P CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ALVIN-SMITH, SARA NAME NAME 1305 N.W. 62ND TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP los Coloto בודיד. T-Citange-· 🔄 Addinon TITLE KELLY, TRACY NAME STREET ADDRESS 1310 N.W. 62ND LANE STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete NAME O'HARA, SHANNON NAME STREET ADDRESS 1209 N.W. 63RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 Delete TITLE ☐ Change Addition HAMILTON, HELEN NAME NAME 1374 NW 63 TERR STRFET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 optrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all orientike empowered.

SIGNATURE:

Juban Viene - Barbara Herre

305)757.6678

FILED