


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009115</b> 1. Entity Name INSTITUTO Y BIBLIOTECA DE LA LIBERTAD INC.	
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Principal Place of Business 2333 BRICKELL AVE., UNIT H1 MIAMI, FL 33129	Mailing Address 2333 BRICKELL AVE., UNIT H1 MIAMI, FL 33129
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**DO NOT WRITE IN THIS SPACE**

02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 14-1858215	Applied For 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

MARTINEZ-CID, RICARDO  
1699 CORAL WAY, STE. 510  
MIAMI, FL 33145

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ LLORENTE, JOSE M 2333 BRICKELL AVE., UNIT H1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZAN, EDUARDO Z 2333 BRICKELL AVE., UNIT H1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANER, CARLOS A 2333 BRICKELL AVE., UNIT H1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000274190  
03/24/05-80001-018 61.25

**DO NOT WRITE  
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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 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 other like empowered.

**SIGNATURE:** EDUARDO Z. BAZAN 03-21-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #