

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90133 001 \*\*\*\*\*8.75  
01-30-2006 90133 002 \*\*\*\*\*61.25

**66000486**



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-3036466** Applied For  
Not Applicable

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

**DOCUMENT # N05000006421**

1. Entity Name  
**LIBERTY POWER FOUNDATION INC.**



Principal Place of Business  
**800 W CYPRESS CREEK ROAD STE 330  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**800 W CYPRESS CREEK ROAD STE 330  
FORT LAUDERDALE, FL 33309**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business<br><b>800 W. Cypress Creek Rd.</b> |                       | 3. Mailing Address<br><b>800 W. Cypress Creek Rd.</b> |                       |
| Suite, Apt. #, etc.<br><b>Suite 330</b>                           |                       | Suite, Apt. #, etc.<br><b>Suite 330</b>               |                       |
| City & State<br><b>Fort Lauderdale</b>                            |                       | City & State<br><b>Fort Lauderdale</b>                |                       |
| Zip<br><b>33309</b>   | Country<br><b>USA</b> | Zip<br><b>33309</b>                                   | Country<br><b>USA</b> |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ, DAVID<br/>800 W CYPRESS CREEK ROAD STE 330<br/>FORT LAUDERDALE, FL 33309</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 familiar with, and accept the obligations of registered agent.

SIGNATURE *Alberto Daire*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HERNANDEZ, DAVID<br>800 W CYPRESS CREEK ROAD STE 330<br>FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>DAIRE, ALBERTO<br>800 W CYPRESS CREEK ROAD STE 330<br>FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HERNANDEZ, ELIEZER<br>800 W CYPRESS CREEK ROAD STE 330<br>FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>DE QUESADA, CARLOS<br>800 W CYPRESS CREEK ROAD STE 330<br>FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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: *Alberto Daire* **ALBERTO DAIRE** 01/10/06 954-771-1463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #