

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006421

1. Entity Name
LIBERTY POWER FOUNDATION INC.



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

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



02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3036466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, DAVID
800 W CYPRESS CREEK ROAD STE 330
FORT LAUDERDALE, FL 33309

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, DAVID 800 W CYPRESS CREEK ROAD STE 330 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAIRE, ALBERTO 800 W CYPRESS CREEK ROAD STE 330 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERNANDEZ, ELIEZER 800 W CYPRESS CREEK ROAD STE 330 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DE QUESADA, CARLOS 800 W CYPRESS CREEK ROAD STE 330 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000654533
03/13/07-80066-012 61.25

**DO NOT WRITE
IN THIS SPACE**

U000000654533
03/13/07-80066-013 8.75

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

02/28/07

954-598-7003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #