FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P01000004223					Secretary of State	
1. Entity Na					05-13-2002 90091 0	33 ***150.00
LIQUID A	SSETS, INC.	\searrow				
l	O NOT WRITE	IN THIS SP	ΔCI			
Principal Place of Business 3. Mailing Address						
16300 NE 19TH AVE # 231 Suite, Apt. #, etc. Suite, Apt. #, etc.					1	
					DO NOT WRITE IN THIS SPA	CE
'	City & State City & State ORTH MIAMI BEACH FL				4. FEI Number	Applied For
Zip	Country	Zip	Country		65-1071187	Not Applicable .75 Additional
33162			4	<u> </u>		Required
				- Name	7. Name and Address of Current Registered A	дент -
DO NOT WRITE				MARK FERNANDES Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				16300 NE 19TH AVE # 231		
				City NORTH MIA		Zip Code 33162
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.						
SIGNATURE						
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicab	ie. (NOTE: Registered A		DATE
9This corpo	oration is eligible to satisfy its Intang			Fee is \$150.00 ### is \$550.00	**************************************	\$5.00 14.00
1	requirement and elects to do so.	Amend	ed UBR	is \$61.25		\$5.00 May Be Added to Fees
11.	OFFICERS AND I	Make Check Paya	ible to L	Pepartment of St		H-111-11-11-11-11-11-11-11-11-11-11-11-1
TIME PRESIDENT / DIRECTOR			mu	E		
NAME	OHIVIN DIDDIVIN					
STREET ADDRESS 16300 NE 19TH AVE #231 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162			3-aa-la d-	EET ADDRESS	nige a registrative de la companya de la companya La companya de la co	
TITLE	1	#. 7 2172	mu			
NAME CTREET ADDRESS			жи			
STREET ADDRESS CITY - ST - ZIP			daning:	ET ADDRESS ST ZIP		
TITLE			in.			
NAME "STREET ADDRESS			NAM	E DORESS		
CITY - ST - ZIP						
			444444	ST ZIP	DO NOT WRITE	
TITLE			444444	- ST - ZIP		TO THE PROPERTY OF THE PARTY OF
NAME		TOW .	CITY TITLE NAME	LSTL ZIP	DO NOT WRITE IN THIS SPACE	TO THE PROPERTY OF THE PARTY OF
-			TITLE MAME STRE	-ST-ZIP		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE			CITY TITLE TITLE	ET ADDRESS ST-ZIP		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME			CITY TITLE NAME STRE CITY TITLE NAME	ET ADDRESS ST-ZP		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE			CITY TITLE NAME CITY TITLE NAME STRE	ET ADDRESS ST-ZIP		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			CITY TITLE NAME CITY TITLE NAME STRE	E ST. ZIP ET ADORESS -ST. ZIP E ST. ZIP E ST. ZIP ET ADORESS -ST. ZIP		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME			CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME TITLE	E ADORESS - ST-ZIP -		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE	E ST. ZIP ET ADORESSST. ZIP ET ADORESSST. ZIP		TO THE PROPERTY OF THE PARTY OF
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. I hereby ce	ertify that the information supplied wi	th this filing does not qualif	CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE TITLE STRE CITY TOTAL TITLE TOTAL TOT	ET ADDRESS ST - ZIP ET ADDRESS ST - ZIP ET ADDRESS - ST - ZIP EXECUTE: The address and a state of the add	IN THIS SPACE	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. I hereby coinformation an officer	ertify that the information supplied win indicated on this report or supplied.	ental report is true and acc eceiver or trustee empower	TITLE NAME STREE NAME STREE NAME STREE CITY TITLE NAME STREE CITY TO the urrate an	ET ADDRESS -ST-ZIP. ET ADDRESS -ST-ZIP. ET ADDRESS -ST-ZIP. ET ADDRESS -ST-ZIP. EXET ADDRESS -ST-ZIP. EXEMPTION stated and that my signature accute this report a	IN THIS SPACE	certify that the
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. I hereby coinformation an officer	ertify that the information supplied with indicated on this report or supplier or director of the corporation or the new Block 11 or on an attachment with a	ental report is true and acc eceiver or trustee empower an eddress, with all other til	TITLE NAME STREE NAME STREE NAME STREE CITY TITLE NAME STREE CITY TO the urrate an urrate an urrate an ee empower	ET ADDRESS -ST-ZIP. ET ADDRESS -ST-ZIP. ET ADDRESS -ST-ZIP. ET ADDRESS -ST-ZIP. EXET ADDRESS -ST-ZIP. EXEMPTION stated and that my signature accute this report a	IN THIS SPACE IN SPACE In Section 119.07(3)(1), Florida Statutes. I further re shall have the same legal effect as if made und as required by Chapter 807, Florida Statutes; and the same legal effect as if made under the same legal effect as if made u	certify that the