

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-15-2006 90102 013 ***150.00

DOCUMENT # P01000030638

1. Entity Name
LIAISONIT, INC.



Principal Place of Business

**3370 NE 190 STREET
2908
MIAMI, FL 33180**

Mailing Address

**3370 NE 190 STREET
2908
MIAMI, FL 33180**

66007565



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**USHERENKO, VICTORIA
20125 NE 25TH AVENUE
MIAMI, FL 33180**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	USHERENKO, VICTORIA
STREET ADDRESS	20125 NE 25TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33180

TITLE	TD
NAME	SHADKIN, MICHAEL
STREET ADDRESS	20125 NE 25TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-06

Date

305-936-9091

Daytime Phone #