


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000030638</b> 1. Entity Name LIAISONIT, INC.	
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Principal Place of Business 3370 NE 190 STREET 2908 MIAMI, FL 33180	Mailing Address 3370 NE 190 STREET 2908 MIAMI, FL 33180
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**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1088532	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

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000658396 03/15/07-80036-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD USHERENKO, VICTORIA 20125 NE 25TH AVENUE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHADKIN, MICHAEL 20125 NE 25TH AVENUE MIAMI, FL 33180
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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: Victoria Usherenko **VICTORIA USHERENKO** 3-5-07 305-936-9091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #