


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90816 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000049510</b>					
1. Entity Name <b>LIBERTY MUTUAL FINANCIAL CORP.</b>					
Principal Place of Business <b>9401 SW 65 STREET MIAMI, FL 33173</b>		Mailing Address <b>9401 SW 65 STREET MIAMI, FL 33173</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>65-1104626</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LOZANO, RAY 9401 SW 65 STREET MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<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 _____ (NOTE: Registered Agent Signature required when resigning) DATE _____					
<b>FILE NOW!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <input type="checkbox"/> Delete					
NAME <b>LOZANO, RAY</b>					
STREET ADDRESS <b>9401 SW 65 STREET</b>					
CITY-ST-2P <b>MIAMI, FL 33173</b>					
TITLE <input type="checkbox"/> Delete					
NAME					
STREET ADDRESS					
CITY-ST-2P					
TITLE <input type="checkbox"/> Delete					
NAME					
STREET ADDRESS					
CITY-ST-2P					
TITLE <input type="checkbox"/> Delete					
NAME					
STREET ADDRESS					
CITY-ST-2P					
TITLE <input type="checkbox"/> Delete					
NAME					
STREET ADDRESS					
CITY-ST-2P					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-2P					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-2P					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-2P					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-2P					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Ray Lozano</b> <b>4-25-03</b> <b>(25) 979-8979</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)