## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P01000058876



PROCEED Place of Business	1. Entity Nam LIBKO M	ANAGEMENT CO				04-30	-2004 90242	2 026 ***	150.00
7.45 N SHORE OR MAMI BCH, FL 33141  2. Principal Place of Business Suite, Apt. #, 4tc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Cert	Principal Plac	e of Business · · "	Mailing Addrage						
Suite Apit #, etc.  City & State  City & State  City & State  Country  Applied For Sectional of Status Desired  For Sectiona	745 N SHORE DR		745 N SHORE DR	745 N SHORE DR		74013013			
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Second   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4282004 Chg-P	CR2E0	34 (10/03)	
S. Certificate of Status Desired   Fee Required Services   Fee Required Servic	City & Stat	e	City & State	City & State					oplied For ot Applicable
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5.	. Certificate of Status Desir			
LIBHABER, FELIX 74S N SHORE DR MIAMI BCH, FL 33141  Street Address (P. O. Box Number is Not Acceptable)  City FL 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 accident the obligations of registered agent.  SIGNATURE  Signature, special printed many of registered agent.  PILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 2, 2004 Fee will be \$550.00  After May 3, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  After May 2, 2004 Fee will be \$550.00  After May 3, 2004 Fee will be \$550.00  After	6. Name and Address of Current Registered Ager				7.	Name and Address of No	w Registered #	gent	
TAS SHORE DR MIAMI BCH, FL 33141  Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  FL  City  FL  Zip Code  City  STED To Code  City  FL  Zip Code  Code  City  FL  Zip Code  Code  FL  Added to Fees  Added to Fees  City  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FL  Change  Added to Fees  City St- Zip  Change  Added to Fees  City St- Zip  Change  Added  Change  Added  City St- Zip  Change  Added  City St- Zip  Change  Added  Change  Change  Change  Change  Change  Change  Ch	LÍBUADES			Name			~		
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 accompany the obligations of registered agent.  SIGNATURE    Signature howe or purred name of registered agent and little if applicable.   (NOTE Registered Agent agroups required when remissional)   DATE	745 N SHC	ORE DR		Street Addres		. Box Number is Not Accep	table)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and aco the obligations of registered agent.  SIGNATURE  Signature, typed or printed have of registered agent and life of applicable.  FILE NOWILIT FEE IS \$150.00  Affect May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Added to Fees  Trust Fund Contribution. Added to Fees  Added to Fees  Trust Fund Contribution. Added to Fees  Trust Fund Fund Contribution. Added to Fees  Trust Fund Fund Fund Fund Contribution. Added to Fees  Trust Fund Fund Fund Fund Fund Fund Fund Fund		,		. City				Zin Cod	
SIGNATURE Signature, Speak or printed name of registered agont and life of applicables. (NOTE Registered Agent upnature required when reinstating)    FILE NOWILL FEE IS \$150.00									
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	the obligat	ions of registered agent.	of registered agent and title if applicable. (NO	TE: Registered Agent signate	ure required when	n reinstating)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	After M	ay 1, 2004 Fee will	be \$550.00 Trust Fund Cor		Added to	o Fees			
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS					<u>A</u>	ADDITIONS/CHANGES TO	OFFICERS AND		
CITY-ST-ZIP		I	☐ Delete					Change	☐ Addition
TITLE									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		. Delete	NAME STREET ADDRESS	A-551 Keny 1251	ISTANT SOC JETH M. H. Y N. KOND	RETARN ALLER ALL DI	Change	Addition 4314
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			~ <i>))</i>  6	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		****		☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	Addition
12. Hereby certify that the information supplied with this filling 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 exercise and that my signature shall have the same legal effect, or if made upder onthe that large and finest or dispatch.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					☐ Addition