


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr-28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000049999 1. Entity Name LIBERTY ALLIANCE MORTGAGE, INC.	
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Principal Place of Business 2510 NW 97TH AVENUE SUITE 130 DORAL, FL 33172	Mailing Address 2510 NW 97TH AVENUE SUITE 130 DORAL, FL 33172
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

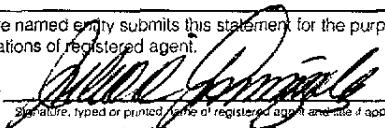
4. FEI Number 01-0684329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JULIO C
1508 SW 143 PLACE
MIAMI, FL 33184

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-06
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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JULIO C 1508 S.W. 143 PLACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAROZ, CARLOS A 5775 S.W. 26 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/06-80104-012 150.00

**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: 

Julio C. Gonzalez-Pres. 04/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #