

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90019 049 \*\*\*150.00

**DOCUMENT # P02000062179**

1. Entity Name

LIAMAC ENTERPRISES, INC.



Principal Place of Business

220 ALHAMBRA CIRCLE  
SUITE 350  
CORAL GABLES FL 33134

Mailing Address

220 ALHAMBRA CIRCLE  
SUITE 350  
CORAL GABLES FL 33134

2. Principal Place of Business

7745 NW 56 ST  
Suite, Apt. #, etc.

3. Mailing Address

7745 NW 56 ST  
Miami FL 33166  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 33166

Zip

33166

Country

USA

Zip

33166

Country

USA



MOORE CR2E034 (11/03)

01-0716652

4. FEI Number

AP-PLIED FOR ↑

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, JOSE A JR.  
220 ALHAMBRA CIRCLE  
SUITE 350  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CABRERA, LORENZO  
STREET ADDRESS 13771 SW 38TH STREET  
CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ Delete  
NAME CABRERA, ILEANA  
STREET ADDRESS 13771 SW 38TH STREET  
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lorena Cabrera* Ileana Cabrera  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/04 305-552-1810