


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90344 021 ***158.75

DOCUMENT # P03000106536	
1. Entity Name LIBERTY U.S.A. IMMIGRATION SERVICE INC.	

Principal Place of Business 1740 - 12 COURT NORTH LAKE WORTH FL 33460	Mailing Address 1740 - 12 COURT NORTH LAKE WORTH FL 33460
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2. Principal Place of Business 1808 N Dixie Hwy.	3. Mailing Address 1740 12th Ct. N
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33460-6559	Zip 33460-2014
Country U.S.A.	Country U.S.A.



MOORE CR2E034 (11/03)

4. FEI Number 56 2446869	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOLINA, ORLANDO J 1740 - 12 COURT NORTH LAKE WORTH FL 33460	
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  **Orlando J. Molina (President)** **04/11/2004**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, ORLANDO J 1740 - 12 COURT NORTH LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLINA, HAYDEE 1740 - 12 COURT NORTH LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Orlando J. Molina** **04/11/2004** **(561) 585-2905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #