


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 036 ***158.75

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

Principal Place of Business 1808 N DIXIE HWY LAKE WORTH, FL 33460-6559	Mailing Address 1740 - 12 COURT NORTH LAKE WORTH, FL 33460-2014
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2. Principal Place of Business - No P.O. Box # 2000 N Dixie Hwy.	3. Mailing Address (Same as shown above)
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Suite, Apt., #, etc. Suite 2	Suite, Apt., #, etc.
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City & State Lake Worth, FL	City & State
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Zip 33460-6244	Country U.S.A.	Zip	Country
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40018713



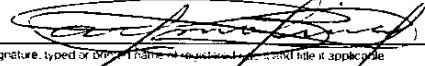
01112007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2446869	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 (P) 02/14/2007
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Orlando J. Molina (P) 02/14/2007 (561) 585-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #