

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 Mailing Address
1808 N DIXIE HWY **1740 - 12 COURT NORTH**
LAKE WORTH, FL 33460-6559 **LAKE WORTH, FL 33460-2014**

40018710



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2000 N Dixie Hwy. **(Same as shown above)**

Suite, Apt., #, etc. Suite, Apt., #, etc.
Suite 2

01112007 Chg-P CR2E034 (12/06)

City & State City & State
Lake Worth, FL

4. FEI Number Applied For
56-2446869 Not Applicable

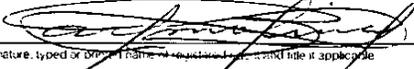
Zip Country Zip Country
33460-6244 **U.S.A.**

5. Certificate of Status Desired \$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 (P)** **02/14/2007**
Signature, typed or printed name of registered agent required when applicable (NOTE: Registered Agent signature required when re-registering) 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
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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) (Device) Phone #