


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 023 ***158.75

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

Principal Place of Business 2000 N DIXIE HWY SUITE 2 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 Suite 2
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc.
City & State Lake Worth, FL	City & State
Zip 33460-6244	Country U.S.A.


	
02102008 Chg-P	CR2E034 (12/06)
4. FEI Number 56-2446869	Applied For 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	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 02/09/2008 Daytime Phone #: (561) 585-2905