

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90076 016 ***150.00

DOCUMENT # P03000118584



1. Entity Name
 LIBERTY PETROLEUM REAL ESTATE HOLDING INC.

Principal Place of Business Mailing Address
 8370 W FLAGLER 8370 W FLAGLER
 STE. 120 STE. 120
 MIAMI FL 33144 MIAMI FL 33144



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number 27-0072361 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYALA, MARTHA I
 10701 BISCAYNE BLVD.
 MIAMI FL 33161

Name Ayala, Martha I
 Street Address (P.O. Box Number is Not Acceptable)
 8370 W Flagler St Suite 120
 City Miami FL Zip Code 33144

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P	<input type="checkbox"/> Delete
NAME	AYALA, MARTHA I	
STREET ADDRESS	10701 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, RUBEN	
STREET ADDRESS	10701 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ayala, Martha I	
STREET ADDRESS	8370 W Flagler St Suite 120	
CITY-ST-ZIP	Miami, FL 33144	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Ruben	
STREET ADDRESS	8370 W Flagler St Suite 120	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] 02/05/05 305-5546868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #