FROM : FAX NO. : 3055580318

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90743 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137732

1. Entity Name
LIAISON ENTERPRISES, INC.

04302004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7214 SW 149TH CT. MIAMI, FL 33193	7214 SW 149TH CT. MIAMI, FL 33193

2. Principal Place of Business	3. Mailing Address
7214 SW 149 ct.	7214 SW 149 ct.
Suite, Apt. #, etc.: Miami	Suite, Apt. #, etc.:
City & State: FL.	City & State: Miami - FL.
Zip: 33193 Country: Miami-Dade	Zip: 33193 Country: Miami-Dade

4. FEI Number: 20-0417378 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALFONSO, RUBEN
7214 SW 149TH CT.
MIAMI, FL 33193

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 [signature] 04/30/04
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

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALFONSO, RUBEN		NAME	
STREET ADDRESS	7214 SW 149TH CT.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALFONSO, ERICH J		NAME	
STREET ADDRESS	6803 SW 152ND CT., #36-03		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33197		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] Ruben Alfonso Pres. Dent 04/30/04 (786) 234-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #