

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90179 023 \*\*\*150.00

**DOCUMENT # P03000137732**

1. Entity Name  
**LIAISON ENTERPRISES, INC.**



Principal Place of Business  
**13876 SW 56 ST. #464  
MIAMI, FL 33175**

Mailing Address  
**13876 SW 56 ST. #464  
MIAMI, FL 33175**

40080301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**ALFONSO, RUBEN  
14026 SW 151 CT  
MIAMI, FL 33196**

Name **Ruben ALFONSO Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**14550 SW 51 ST.**

City **Miami**

**FL**

Zip Code **33175**

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, 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, 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 **PD** ☐ Delete  
NAME **ALFONSO, RUBEN**  
STREET ADDRESS **14026 SW 151 CT**  
CITY- ST- ZIP **MIAMI, FL 33196**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Ruben ALFONSO Jr.**  
STREET ADDRESS **14550 SW 51 ST.**  
CITY- ST- ZIP **Miami FL 33175**

TITLE **SD** ☐ Delete  
NAME **LISBET, ALFONSO**  
STREET ADDRESS **14026 SW 151 CT**  
CITY- ST- ZIP **MIAMI, FL 33196**

TITLE **SD** ☒ Change ☐ Addition  
NAME **LISBET ALFONSO**  
STREET ADDRESS **14550 SW 51 ST.**  
CITY- ST- ZIP **Miami FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **Ruben ALFONSO**  
STREET ADDRESS **14992 SW 59 ST.**  
CITY- ST- ZIP **Miami FL 33193**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

**Ruben Alfonso**  
President

04/10/07

x 786-234-5788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #