

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000038823

FILED
Oct 16, 2009
Secretary of State**Entity Name:** LIQUID DESIGN ARCHITECTS, INC.**Current Principal Place of Business:**2050 CORAL WAY
504
CORAL GABLES, FL 33145**New Principal Place of Business:****Current Mailing Address:**2050 CORAL WAY
504
CORAL GABLES, FL 33145**New Mailing Address:****FEI Number:** 20-0829410**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONLEY, TERRENCE
200 SE 15TH RD
17J
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** C () Delete
Name: CONLEY, TERRENCE L
Address: 200 SE 15TH RD #17J
City-St-Zip: MIAMI, FL 33129**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** C (X) Change () Addition
Name: CONLEY, TERRENCE L
Address: 200 SE 15TH RD #17J
City-St-Zip: MIAMI, FL 33129 US**Title:** S () Change (X) Addition
Name: FONS, ADAN
Address: 690 SW 1ST COURT #1918
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRENCE CONLEY

C

10/16/2009

Electronic Signature of Signing Officer or Director_____
Date