

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90982 025 \*\*\*158.75  
 06-16-2005 90001 026 \*\*\*\*\*8.75

**DOCUMENT # P04000146642**

1. Entity Name  
**EL PROYECTO LIBERTAD, INC.**



Principal Place of Business

8330 NW 58 ST  
 MIAMI, FL 33166

Mailing Address

8330 NW 58 ST  
 MIAMI, FL 33166

**40088325**

2. Principal Place of Business

**3190 S. W. 123 Court**

Suite, Apt. #, etc.

3. Mailing Address

**3190 S.W. 123 Court**

Suite, Apt. #, etc.



04262005 Chg-P CR2E034 (10/03)

City & State

**Miami, Fla.**

City & State

**Miami, Fla.**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

**33175-2251**

Country

**Condado Dade**

Zip

**33175-2251**

Country

**Condado Dade**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTRO, IGNACIO**  
 8330 NW 58 ST  
 MIAMI, FL 33166

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CASTRO, IGNACIO	
STREET ADDRESS	8330 NW 58 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BORREGO, JORGE	
STREET ADDRESS	1604 VIA PALERMO	
CITY-ST-ZIP	MONTEBELLO, CA 90640	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ignacio Castro*

*4/29/05*