

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065252

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** ROBERT LIBERTO, INC.

**Current Principal Place of Business:**

335 NW 158TH LN  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

16700 SW 64TH STREET  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

335 NW 158TH LN  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

16700 SW 64TH STREET  
SOUTHWEST RANCHES, FL 33331

**FEI Number:** 36-4573818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: LIBERTO, ROBERT J  
Address: 16700 SW 64TH STREET  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: ROBERT LIBERTO

PSTD

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date