

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90003 042 \*\*\*150.00

**DOCUMENT # P05000093039**

1. Entity Name  
**NORTH MIAMI LIBERTY CORP.**



Principal Place of Business  
**14800 N. MIAMI AVE.  
MIAMI, FL 33168**

Mailing Address  
**14800 N. MIAMI AVE.  
MIAMI, FL 33168**

**40113334**



**DO NOT WRITE IN THIS SPACE**

07212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3078676**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SWEIDAN, JOHNNY B  
14800 N. MIAMI AVE.  
MIAMI, FL 33168**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	SWEIDAN, JOHNNY B
STREET ADDRESS	14800 N. MIAMI AVE.
CITY - ST - ZIP	MIAMI, FL 33168
TITLE	VS
NAME	CASTELLANOS, YUSSARY
STREET ADDRESS	14800 N. MIAMI AVE.
CITY - ST - ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

→ **Corrected  
SPELLING**

**DO NOT WRITE  
IN THIS SPACE**

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: X** *Johnny Sweidan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/1/08**

Date

**(705) 9405152**

Daytime Phone #