2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145017

City-St-Zip:

OCALA, FL 34482

Entity Name: L.A.W. LIQUIDATORS, INC.

FILED Aug 03, 2006 Secretary of State

		QOID/ (TORO, IIVO.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5431 E. SILVER SPRINGS BLVD. SILVER SPRINGS, FL 34488			1614 N MAGNOLIA OCALA, FL 34475	1614 N MAGNOLIA AVE OCALA, FL 34475	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5431 E. SILVER SPRINGS BLVD. SILVER SPRINGS, FL 34488			1614 N MAGNOLIA OCALA, FL 34475	1614 N MAGNOLIA AVE OCALA, FL 34475	
FEI Number:	: 13-4313590	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	LVER SPRING PRINGS, FL 3		ALI, MIR A 1614 N MAGNOLIA OCALA, FL 34475	1614 N MAGNOLIA AVE	
	named entity e of Florida.	submits this statement for the	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: MIR ALI			08/03/2006	
	Electron	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DENERSTEIN, 6221 SW 7TH, OCALA, FL 34	AVE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (ALI, MIR O 6209 NW 12B OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (ALI, MIR A 6209 NW 12B) Delete ST.	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MIR ALI T 08/03/2006