

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002614

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: LIQUIDATORS & TOWERS DEPOT INC.

**Current Principal Place of Business:**

2309 SW 60 WAY  
MIRAMAR, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

9369 SHERIDAN ST#809  
COOPER CITY, FL 33024 US

**New Mailing Address:**

FEI Number: 03-0578437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERRY, KEITH J  
2309 SW 60 WAY  
MIRAMAR, FL 33023 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERRY, KEITH J  
Address: 2040 NW 85 WAY  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP ( ) Delete  
Name: PERRY, TRACE  
Address: 2040 NW 85 WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEITH PERRY

P

04/24/2008

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

\_\_\_\_\_  
Date