
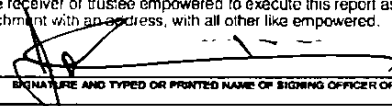


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90037 019 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000017803			
1. Entity Name LIQUIPLEXCO INC.			
Principal Place of Business 204 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		Mailing Address 204 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	
2. Principal Place of Business - No P.O. Box # <i>See above</i>		3. Mailing Address <i>See Above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <i>16-175-0203</i>		Applie For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, JOSEPH T 5920 EPSOM LANE DAVIE, FL 33331		7. Name and Address of New Registered Agent Name <i>Joseph T Robinson</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROBINSON, JOSEPH T 5920 EPSOM LANE DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date <i>4-30-07</i> Daytime Phone # <i>954-437</i>	

3817 ext 224