## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 09, 2008 8:00 am Secretary of State DOCUMENT # P06000062944 04-09-2008 90023 006 \*\*\*150.00 1. Entity Name LIAM, A & COMPANY, INC. 4 D U U N V V -Principal Place of Business Mailing Address 23281 NOEL WAY 23281 NOEL WAY BOCA RATON, FL 33433 BOCA RATON, FL 33433 CR2E034 (11/05) 01032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0589787 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSHE FILINGS, INC. DO NOT WRITE 3732 N.W. 16TH STREET 23281 NOEL WAY FT\_LAUDERDALE, FL 33311 BOCA KATON, FL 33433 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. 9. Election Campaign Financing... **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS بإرب PD TITLE ATON, MOSHE NAME 23281 NOEL WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. changed, or on an attachment with an

NTED-WAME OF SIGNING OFFICER OR DIRECTOR

FILED