

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-19-2008 90041 041 ***150.00

DOCUMENT # P07000034034 1. Entity Name LIBERTY CITY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6501-41 NW 12 AVENUE MIAMI, FL 33154			Mailing Address ✓ 7600 RED ROAD 213 MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0412596	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREAU, JONATHAN 7600 RED ROAD 213 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P,T ☐ Delete MOREAU, JONATHAN 7600 RED ROAD SUITE #213 MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/23/08 Daytime Phone #: 786.402.9328		

66014167



04212008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0412596** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREAU, JONATHAN
7600 RED ROAD
213
MIAMI, FL 33143

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/23/08** Daytime Phone #: **786.402.9328**