

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060104

Entity Name: LIVEIR, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

1919 VAN BUREN ST  
#611A  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

## Current Mailing Address:

1919 VAN BUREN ST  
#611A  
HOLLYWOOD, FL 33020

## New Mailing Address:

FEI Number: 26-0327039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DAVID  
2848 SW 22ND AVE  
MIAMI, FL 33133 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: PSD ( ) Delete  
Name: ELDRED, CAROL  
Address: 2212 SOUTH CYPRESS BEND DRIVE #201  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VPT ( ) Delete  
Name: ORIN, KATHLEEN T  
Address: 1919 VAN BUREN ST #611A  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: ORIN, KATHLEEN T  
Address: 1919 VAN BUREN ST #611A  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP ( ) Change (X) Addition  
Name: FEENEY, JACLYN  
Address: 630 1ST AVE #28A  
City-St-Zip: NEW YORK, NY 10016

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: KATHLEEN T ORIN

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date