


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 025 ***150.00

EP DVNF OUI\$ P07000076836 2/ Entity Name LIBERTAD NEWS POR CUBA POR AMERICA INC.	
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Principal Place of Business 825 SW 28TH ROAD MIAMI, FL 33129	Mailing Address 825 SW 28TH ROAD MIAMI, FL 33129
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3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40021276



01312008 Di h.Q DS3F1451)23017*

5/ FEI Number
65-0541453

Applied For
Not Applicable

6/ Certificate of Status Desired ☐ %8/86 Beejupobm
G f i S f r v j s e

7/ On f l boe l Bee f t t l p g D v s s o u S f h j t u f s f e l B h f o u	7. Name and Address of New Registered Agent
PEREZ, MARIA C 825 SW 28TH ROAD MIAMI, FL 33129	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	Zip Code

9/ 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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

1/ Election Campaign Financing
Trust Fund Contribution. ☐ %6/11 Nb z i C f l
Bee f el p l G f t

21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, MARIA C 825 SW 28TH ROAD MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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23/ 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.

T.HOBUSF;

T.HOBUSF:BOE L U F E P S Q S J O U F E I O B N F I P Q T . H Q D H P G G D F S P S E J S F D U P S

Date

Daytime Phone #

1/31/08 786.512.3031