


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-15-2008 90016 015 ***150.00
03-05-2008 90032 048 ***150.00

DOCUMENT # P07000079101	
1. Entity Name LIBERTY OIL OF USA INC	

Principal Place of Business 14101 LINCOLNSHIRE CT TAMPA, FL 33626 US	Mailing Address 14101 LINCOLNSHIRE CT TAMPA, FL 33626 US
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2. Principal Place of Business - No P.O. Box # 12602 49th St. N.	3. Mailing Address 12602 49th St. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater, FL	City & State Clearwater, FL
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Zip 33762	Country USA	Zip 33762	Country USA
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40038877



02282008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0519634	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KHOJA, ANWAR A 14101 LINCOLNSHIRE CT TAMPA, FL 33626	
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7. Name and Address of New Registered Agent Name Abul Bhuiyan Street Address (P.O. Box Number is Not Acceptable) 12602 49th St. N. City Clearwater FL Zip Code 33762	
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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME ATTA, SULWAN R	
STREET ADDRESS 3012 MERILL AVE	
CITY-ST-ZIP CLEARWATER, FL 33759	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME KHOJA, ANWAR A	
STREET ADDRESS 14101 LINCOLNSHIRE CT	
CITY-ST-ZIP TAMPA, FL 33626	
TITLE TRES	<input checked="" type="checkbox"/> Delete
NAME SOLANKI, DIGANT	
STREET ADDRESS 14101 LINCOLNSHIRE CT	
CITY-ST-ZIP TAMPA, FL 33626	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Abul Bhuiyan	
STREET ADDRESS 12602 49th St. N.	
CITY-ST-ZIP Clearwater, FL 33762	
TITLE V.P./Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Mahmud H. Chowdhury	
STREET ADDRESS 12602 49th St. N.	
CITY-ST-ZIP Clearwater, FL 33762	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **02-13-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NEW President