

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90042 035 ***150.00

DOCUMENT # P93000026938					
1. Entity Name LIOCON, CORP.					
Principal Place of Business 4035 BONITA AVE COCONUT GROVE, FL 33133-6336 US			Mailing Address 4035 BONITA AVE COCONUT GROVE, FL 33133-6336 US		
2. Principal Place of Business 2550 NW 72 AVENUE Suite, Apt. #, etc. 111		3. Mailing Address 2550 NW 72 AVENUE Suite, Apt. #, etc. 111			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0404594	
Zip 33122-1347		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, TONY CPA 2550 NW 72 AVE. STE. 111 MIAMI, FL 33122-1347			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST NAME LEONOUKAKIS, DIMITRIOS STREET ADDRESS 4035 BONITA AVE CITY-ST-ZIP COCONUT GROVE, FL 331336336	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 2550 NW 72 AVENUE SUITE 111 CITY-ST-ZIP MIAMI, FL 33122-1347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LIONOUKAKIS, KRYSTALIA STREET ADDRESS 4035 BONITA AVE. CITY-ST-ZIP COCONUT GROVE, FL 331336336	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 2550 NW 72 AVENUE SUITE 111 MIAMI, FL 33122-1347	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE OD NAME LIONOUKAKIS, MARILISA STREET ADDRESS 4035 BONITA AVE CITY-ST-ZIP COCONUT GROVE, FL 331336336	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 2550 NW 72 AVENUE SUITE 111 CITY-ST-ZIP MIAMI, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			3/23/2005 305-640-0494		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		