

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90726 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000009316

1. Entity Name
LIANA CORPORATION



Principal Place of Business
 1004 PENNSYLVANIA AVE
 APT 20
 MIAMI, FL 33135

Mailing Address
 1004 PENNSYLVANIA AVE
 APT 20
 MIAMI, FL 33135

70039488



2. Principal Place of Business

1004 PENNSYLVANIA AVE
 Suite, Apt. #, etc.
APT 20

3. Mailing Address

96 LEIS AND ASSOCIATES INC
 Suite, Apt. #, etc.
PO BOX 652937

CHECK HERE IF MAKING CHANGES

City & State

MIAMI BEACH FL

City & State

MIAMI FL

4. FEI Number

65-0646214

Applied For

Not Applicable

Zip

33139-4938

Country

DADE

Zip

33265-2937

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAJARDO, SANTIAGO
 1004 PENNSYLVANIA AVE
 APT 20
 MIAMI, FL 33139

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$100.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSTD	FAJARDO, SANTIAGO	1004 PENNSYLVANIA AVE #20	MIAMI BEACH, FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Santiago Fajardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/01/02)