


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90124 018 ***158.75

DOCUMENT # P96000078396	
1. Entity Name ESTATE LIQUIDATION, INC.	

Principal Place of Business 1419 N STATE RD, 7 HOLLYWOOD, FL 33021	Mailing Address 7601 VENETIAN ST., SUITE D MIRAMAR, FL 33023 US
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2. Principal Place of Business - No P.O. Box # 1614 S. PIXIE HWY Suite, Apt. #, etc. #13	3. Mailing Address 7601 VENETIAN ST. Suite, Apt. #, etc. SUITE D
City & State HOLLYWOOD FL	City & State MIRAMAR, FL
Zip 33020	Zip 33023
Country USA	Country USA



07052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0713453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAPPOLINO, ANTHONY LOUIS 7601 VENETIAN ST #D MIRAMAR, FL 33023	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPPOLINO, ANTHONY LOUIS 7601 VENETIAN ST, APT D MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Anthony L. Cappolino 7/8/07 954-981-6967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #