2006 FOR PROFIT CORPORATION

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ANNUAL REPURI			May 01, 2006 08:00			
DOCUMENT # P96000091922	•			Sac	retary of Sta	tο
Entity Name ESTATE LIQUIDATORS INC.				Sec	iciary of Sta	ııc
ESTATE ELGOIDATONS INC.						
Principal Place of Business Mail	ing Address					
	81 CLARK ROAD UNIT #1 Rāsota, Fl 34231					
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The second se			04192006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN	THIS SPA	CE	4. FEI Number		Applied Fo	or
الانتياب المراجعة ال المراجعة المراجعة ا	8 2 -		65-07152	230	Not Applic	
			5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registe	red Agent			Tanana and the same and the sam	Sie generalen betreit anderen bei ber b	MF:
ROCUANT, NADEJDA			חח א	VOT W	PITE	******
1672 NORA LANE NORTH PORT, FL 34286			71.1	or a description of the co	The Section of the Se	1,50°
			IN I	HIS SP	ACE	
8. The above named entity submits this statement for the pur	rpose of changing its register	l ed office or register	ed agent, or both,	in the State of Flor	ida. I am familiar with, and acc	cept
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and little if a	pplicable (NOTE, Registere	d Agent signature required	when reinstating)		DATE	, ,,
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be		· · · · · · · · · · · · · · · · · · ·	51
10. OFFICERS AND DIRECT	ORS	1	1 4		a 20 a 5a b a a a	- 1,450
TITLE P			المصديد الما	*# x x x ###***		
NAME ROCUANT, NADEJDA STREET ADDRESS 1672 NORA LANE					e gangan in tradition to be might be a significant to the second of the	
CITY-ST-ZIP NORTH PORT, FL 34286						
NAME ROCUANT, ADARD ROM IRO					(16 man many distributed by 1 st	ean g Pegts
STREET ADDRESS 1672 NORA LANE		., .,	Miles I		556611	रच्येच टाजा
CITY-ST-ZIP NORTH PORT, FL 34286	<u> </u>			05/1 (/Ub-l	30017-014 150.00	gelt T
TITLE NAME			• •		and the property of the second	,94-÷
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CITY-ST-ZIP TITLE		1			grafine State of the State of t	
NAME		==			:_:==	
STREET ADDRESS			Service Control	大学等等。	the state of the s	

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: _

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NADET DA ROCUANT Locuaus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR —

1/20/06

941-921-5933

Daytime Phone #

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