


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000036776
1. Entity Name
LIEBLER, GONZALEZ, & PORTUONDO, P.A.



Principal Place of Business 44 W FLAGLER ST SUITE 2500 MIAMI, FL 33130	Mailing Address 44 W FLAGLER ST SUITE 2500 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0744598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GONZALEZ, JUAN A
44 W FLAGLER ST
SUITE 2500
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTUONDO, BERNARDO A 44 W FLAGLER ST STE 2500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBLER, J RANDOLPH 44 W FLAGLER ST STE 2500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JUAN A 44 W FLAGLER ST STE 2500 MIAMI, FL 33130
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01/13/05-80027-022 150.00

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IN THIS SPACE**

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: _____ **Date** 1/11/05 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR