

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 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**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0744598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTUONDO, BERNARDO A
STREET ADDRESS	44 W FLAGLER ST STE 2500
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	LIEBLER, J RANDOLPH
STREET ADDRESS	44 W FLAGLER ST STE 2500
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	GONZALEZ, JUAN A
STREET ADDRESS	44 W FLAGLER ST STE 2500
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000532170
05/06/06-80074-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

35-379-0400
Daytime Phone #