2005 FOR PROFIT CORPORATION __ANNUAL REPORT FILED Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # P97000038651 1. Entity Name AMERICAN LIBERTY REALTY, INC. Principal Place of Business Mailing Address 9100 S. DADELAND BLVD. 9100 S. DADELAND BLVD. PH #1701 PH #1701 MIAMI, FL 33156 MIAMI, FL 33156 US 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0746489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARMONA, FELIPE DO NOT WRITE 9100 S DADE LAND BLVD PH 1 #1701 IN THIS SPACE MIAMI, FL 33156 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be U00000243174 Trust Fund Contribution. Added to Fees 02/25/05-80029-003 150.00 10. OFFICERS AND DIRECTORS TITLE CARMONAL FELIPE NAME 9100 S DADELAND BLVD PH 1 #1701 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver o changed, or on ar 30**5**

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

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