

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90083 025 \*\*\*150.00

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 US MIAMI, FL 33156 US

2. Principal Place of Business 3. Mailing Address  
9560 SW 107 Ave 9560 SW 107 Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
204 204  
City & State City & State  
Miami, FL Miami, FL  
Zip Country Zip Country  
33176 USA 33176 USA

02072006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0746489 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
Name Carmona, Felipe  
Street Address (P.O. Box Number is Not Acceptable) 9560 SW 107 Ave  
Suite 204  
City Miami FL Zip Code 33176

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 Felipe Carmona, Director 2/7/06  
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, FELIPE		NAME	Carmona, Felipe	
STREET ADDRESS	9100 S DADELAND BLVD PH 1 #1701		STREET ADDRESS	9560 SW 107 Ave, Suite 204	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Felipe Carmona 2/7/06 213-8474  
Signature, typed or printed name of signing officer or director Date Daytime Phone #