## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000038651**1. Entity Name

AMERICAN LIBERTY REALTY, INC.

FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

9560 SOUTHWEST 107 AVENUE

SUITE 204 Miami, FL 33176 Mailing Address

9560 SOUTHWEST 107 AVENUE SUITE 204

MIAMI, FL 33176 US



01072007

No 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

CARMONA, FELIPE 9560 SOUTHWEST 107 AVENUE SUITE 204 MIAMI FL 33176

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SUITE 204 MIAMI, FL 33176			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 1 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, 2007 Fee will be \$550.00		9. Efection Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			000000615080 02/06/07-80057-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECT D CARMONA, FELIPE 9560 SOUTHWEST 107 AVENUE SUI MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE		
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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 truetge 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 a state throughout the address with all other like empowered.

SIGNATURE.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Felipe Cumina

7/07 213-84

Daylime Phone #