

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057755

FILED
Jan 12, 2004
Secretary of State

Entity Name: AMERICA LIBERTY EXPORTS CORPORATION

Current Principal Place of Business:

4100 NE 2ND AVENUE
SUITE 309
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4100 NE 2ND AVENUE
SUITE 309
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0769623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DRIVE #602
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DE BEAUREPAIRE, THIERRY
Address: 1233 N. VENETIAN WAY
City-St-Zip: MIAMI, FL 33139

Title: P () Delete
Name: DE BEAUREPAIRE, KAREEN
Address: 1233 N. VENETIAN WAY
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DE BEAUREPAIRE, THIERRY
Address: 4100 N.E. 2ND AVE., SUITE 309
City-St-Zip: MIAMI, FL 33137

Title: P (X) Change () Addition
Name: DE BEAUREPAIRE, KAREEN
Address: 4100 N.E. 2ND AVE., SUITE 309
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREEN DE BEAUREPAIRE

P

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date