


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000075505 1. Entity Name LIQUID SHIELD, INC.	
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Principal Place of Business 15410 SW 81ST CIRCLE LANE, #94 MIAMI, FL 33193	Mailing Address P.O. BOX 165657 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-P CR2E034 (11/05)

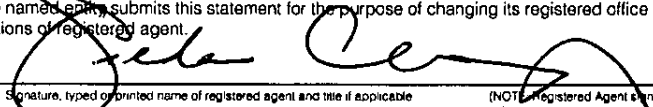
4. FEI Number 65-0944160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANG, GILDA
 14234 SW 161 STREET
 MIAMI, FL 33177

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:  DATE: 4/31/08

Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000948604
 06/02/08-80061-012 211.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, NICHOLAS 15410 SW 81ST CIRCLE LANE, #94 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, GILDA P.O. BOX 165657 MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:  DATE: 4/31/08 DAYTIME PHONE #: 305 299 1271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR