

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S38790**

1. Entity Name  
**LIBERTY INVESTMENTS, INC.**



Principal Place of Business  
**9674 NW 10 AVE.  
MIAMI, FL 33150 US**

Mailing Address  
**P.O BOX 101494  
FT. LAUDERDALE, FL 33310**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0251963</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ROSENBERG, ARHTUR R  
4875 N FEDERAL HIGHWAY  
SEVENTH FLOOR  
FT. LAUDERDALE, FL 33308**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BRODY, JANETH
STREET ADDRESS	1620 W OAKLAND PARK BLVD., #403
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	SD
NAME	BRODY, OSCAR
STREET ADDRESS	4875 N. FEDERAL HIGHWAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

TITLE	DVP
NAME	YOUNG, DOUG P
STREET ADDRESS	1620 W OAKLAND PARK BLVD., #403
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/07**  
Date

**954.735.0277**  
Daytime Phone #