

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78482

FILED
Jan 30, 2009
Secretary of State

Entity Name: MIAMI LIQUIDATION SERVICES INC.

Current Principal Place of Business:

20416 N.E. 16TH FL
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

20416 N.E. 16TH FL
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 65-0280257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOMBERG, LEON
20416 N.E. 16TH PL
NORTH MIAMI BEACH, FL 33179 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: P () Delete
Name: GOMBERG, LEON,
Address: 20416 N.E. 16TH PL
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VST () Delete
Name: GOMBERG, DEBBIE
Address: 20416 N.E. 16TH PL
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEON GOMBERG

Electronic Signature of Signing Officer or Director

PRES

01/30/2009

Date