


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90241 037 ****61.25

DOCUMENT #	N40809	
1. Entity Name	Peace for Lebanon	

DO NOT WRITE IN THIS SPACE

14008264

2. Principal Place of Business	4282 SIDONIA CT	3. Mailing Address	SAME
City & State	BOCA RATON, FLA.	City & State	
Zip	33433	Country	USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JOHN ELIAS, ESQ.	
	Street Address (P.O. Box Number is Not Acceptable)	
	15225 NW 77th Avenue #202	
	City MIAMI LAKES	FL Zip Code 33014

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. N/A

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State 61.25
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10. OFFICERS AND DIRECTORS			
TITLE	President/Director	TITLE	
NAME	Josephine Korge	NAME	
STREET ADDRESS	840 SW 22 RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Virginia Nimer	NAME	
STREET ADDRESS	704 Sunset Drive	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FLA 33143	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Rose Meshaka	NAME	
STREET ADDRESS	3823 SW 168 Terrace	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FLA 33027	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Pierrette Gaddala - Maria	NAME	
STREET ADDRESS	5824 SW 131 Terrace	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	OFFICER	TITLE	
NAME	DALAL Khouri	NAME	
STREET ADDRESS	6100 N. Kendall Drive	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	OFFICER	TITLE	
NAME	SIMONE Zontini	NAME	
STREET ADDRESS	340 Mendoza Avenue	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE KORGE, President
4/23/05 561 367 8223
305 856 4863

CR2E037B (12/02)