


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N40809**  
 1. Entity Name  
**PEACE FOR LEBANON, INC.**



Principal Place of Business <b>7282 SIDONIA CT. BOCA RATON, FL 33433</b>	Mailing Address <b>7282 SIDONIA COURT BOCA RATON, FL 33433</b>
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04022006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1977663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ELIAS, JOHN  
 15225 NW 77 AVE, #202  
 MIAMI LAKES, FL 33014**

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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: JOSEPHINE KORGE PRES Josephine Korge 4/10/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORGE, JOSEPHINE 840 SW 22 RD. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIMER, VIRGINIA 704 SUNSET DRIVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MESHAKA, ROSE 3823 SW 168 TERR. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, GADDALA-MARIA 5824 SW 131 TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KHOURI, DALAL 6100 N. KENDALL DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ZONTINI, SIMONE 340 MENDOZA AVE MIAMI, FL 33134

U00000513849  
 04/29/06-80143-023 61.25

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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 617, 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: JOSEPHINE A. KORGE Josephine A. Korge Pres (305) 856-481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #