

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
**7282 SIDONIA CT.
BOCA RATON, FL 33433**

Mailing Address
**7282 SIDONIA COURT
BOCA RATON, FL 33433**



04022006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1977663

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELIAS, JOHN
15225 NW 77 AVE, #202
MIAMI LAKES, FL 33014**

**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 JOSEPHINE KARGE PRES

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

(NOTE: Registered Agent signature required when reconstituting)

Josephine Karge

4/10/06

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

U00000513849
04/29/06-80143-023 61.25

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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 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. KARGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josephine A. Karge Pres (305) 856-481

Date

Daytime Phone #