

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000001172

**Entity Name:** ELVIR CORPORATION

**Current Principal Place of Business:**

9601 COLLINS AVENUE  
APT. 610  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

9601 COLLINS AVENUE  
APT. 610  
BAL HARBOUR, FL 33154 US

**FEI Number:** 20-0744916

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE SUITE 125  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title PD  
Name LIBERMAN, RIVKA  
Address 9601 COLLINS AVENUE #610  
City-State-Zip: BAL HARBOUR FL 33154

Title SD  
Name LIBERMAN, RAQUEL  
Address 9601 COLLINS AVENUE #610  
City-State-Zip: BAL HARBOUR FL 33154

Title TD  
Name LIBERMAN, VIVIAN  
Address 9601 COLLINS AVENUE #610  
City-State-Zip: BAL HARBOUR FL 33154

Title D  
Name LIBERMAN, ESTHER  
Address 9601 COLLINS AVE. APT. 608  
City-State-Zip: BAL HARBOUR FL 33154

I hereby 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 all other like empowered.

**SIGNATURE:** RIVKA LIBERMAN

PD

03/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date