

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000327

FILED
Apr 20, 2009
Secretary of State

Entity Name: HANNA ELKHOURY & BROTHERS FOR COMMERCE AND GENERAL CONTRACTING, INC

Current Principal Place of Business:

NEW RAWDA - EL GHAZAL BLDG. _ 2ND FLOOR
BEIRUT- LEBANON, LB OC

New Principal Place of Business:

Current Mailing Address:

6850 NW 2ND AVE #34
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 26-4533053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL-KHOURY, AMINE
6850 NW 2ND AVE #34
BOCA RATON, FL 33487 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: C () Delete
Name: EL-KHOURY, HANNA
Address: NEW RAWDA - EL GHAZAL BLDG. _ 2ND FLOOR
City-St-Zip: BEIRUT- LEBANON, OC

Title: VC () Delete
Name: EL-KHOURY, KHEIRALLAH
Address: NEW RAWDA - EL GHAZAL BLDG. _ 2ND FLOOR
City-St-Zip: BEIRUT- LEBANON, OC

Title: D () Delete
Name: EL-KHOURY, JOSEPH
Address: NEW RAWDA - EL GHAZAL BLDG. _ 2ND FLOOR
City-St-Zip: BEIRUT- LEBANON, OC

Title: D () Delete
Name: EL-KHOURY, AMINE
Address: 6850 NW 2ND AVE #34
City-St-Zip: BOCA RATON, FL 33487 OC

Title: P () Delete
Name: MATTA, TAREK N
Address: 6850 NW 2ND AVE #34
City-St-Zip: BOCA RATON, FL 33487 OC

Title: V () Delete
Name: EL-KHOURY, TONY K
Address: 6850 NW 2ND AVE #34
City-St-Zip: BOCA RATON, FL 33487 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AMINE EL-KHOURY

D

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date