


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N40809 1. Entity Name PEACE FOR LEBANON, INC.	
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Principal Place of Business 7282 SIDONIA CT. BOCA RATON, FL 33433	Mailing Address 7282 SIDONIA COURT BOCA RATON, FL 33433
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04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1977663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

1000000913194
05/08/08-80006-013 61.25

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 33156
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

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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 561 367 8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSEPHINE A. KORGE