2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P00000038324 1. Entity Name EL LIBANO VO CORP. Mailing Address Principal Place of Business 9801 S.W. 5TH ST. 9801 S.W. 5TH ST. MIAMI FL 33174 MIAMI FL 33174 ANALYSIS OF THE PROPERTY OF TH 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1009256 Not Applicable Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRERA, ISAAC Street Address (P.O. Box Number is Not Acceptable) 9801 S.W. 5TH ST. MIAMI FL 33174 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition ☐ Delete TITL F TITLE VELEZ, GERMAN NAME U00000030485 02/04/04-80111-022 150.00 NAME STREET ADDRESS CALLE 7, NO. 39-215 OF. 902 STREET ADDRESS MEDELLIN, COLOMBIA CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE TITLE HERRERA, ISAAC NAME NAME STREET ADDRESS STREET ADDRESS 9801 SW 5TH ST CITY-ST-ZIP MIAMI FL 33174 CITY - ST - ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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

FILED

SIGNATURE: TSANC HERRERA (V) 01-26-04 345-226-2445