


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90005 025 \*\*\*150.00

**DOCUMENT # P00000038324**

1. Entity Name  
**EL LIBANO VO CORP.**



Principal Place of Business      Mailing Address

**9801 S.W. 5TH ST.  
 MIAMI, FL 33174**      **9801 S.W. 5TH ST.  
 MIAMI, FL 33174**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03142006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**65-1009256**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>HARRERA, ISAAC                      9801 S.W. 5TH ST.                      MIAMI, FL 33174</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	<b>VELEZ, GERMAN</b>	NAME	
STREET ADDRESS	<b>CALLE 7, NO. 39-215 OF. 902</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDELLIN, COLOMBIA.</b>	CITY-ST-ZIP	
TITLE	V	TITLE	V
NAME	<b>HERRERA, ISAAC</b>	NAME	<b>HERRERA OLGA L.</b>
STREET ADDRESS	<b>9801 SW 5TH ST</b>	STREET ADDRESS	<b>9801 SW 5 STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	CITY-ST-ZIP	<b>MIAMI - FL. 33174</b>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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 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.

SIGNATURE: *Olga L. Herrera*      **OLGA L. HERRERA**      305  
 \_\_\_\_\_      \_\_\_\_\_      **03/16/06**      **226-2445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #