## 2007 FOR PROFIT CORPORATION

## Feb 07, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000038324** 02-07-2007 90051 013 \*\*\*150.00 1. Entity Name EL LIBANO VO CORP. Principal Place of Business Mailing Address 4001110 9801 S.W. 5TH ST. 9801 S.W. 5TH ST. MIAMI, FL 33174 MIAMI, FL 33174 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1009256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRERA, ISAAC DO NOT WRITE 9801 S.W. 5TH ST. MIAMI, FL 33174 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MLE VELEZ, GERMAN NAME STREET ADDRESS 9801 SW 5TH ST CITY-ST-ZIP MIAMI, FL 33174 TITLE ORTEGA, SONIA MALIF STREET ADDRESS 9801 SW 5TH ST CITY-ST-ZIP MIAMI, FL 33174 TOLE OLGAL. HERRERA NAME 980/ SW STA STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI- FL. 33174 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE NUE STREET ADDRESS CITY-ST-7P

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_OLGA L. HERRERA

FILED