


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90036 015 ***150.00

DOCUMENT # P02000020877 1. Entity Name LIBRERIA CRISTIANA EMMANUEL CORP.					
Principal Place of Business 108 WEDGEWOOD LAKES N GREENACRES, FL 33463			Mailing Address 6061 OAK ROYAL DR. LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box # 4722 Forest Hill Blvd		3. Mailing Address 108 WEDGEWOOD LAKES N			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State West Palm Beach, FL		City & State Greenacres, FL		4. FEI Number 50-0002552	
Zip 33415		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33463		Country USA		04272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CHARRY, LIBIA L 6061 OAK ROYAL DR. LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CHARRY, LIBIA L 108 WEDGEWOOD LAKES N GREENACRES, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARRY, LUIS G 108 WEDGEWOOD LAKES N GREENACRES, FL 33463	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Date 5/1/07 Daytime Phone # </div>					