

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001172

Entity Name: ELVIR CORPORATION

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

9601 COLLINS AVENUE #610  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9601 COLLINS AVENUE #610  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 20-0744916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE SUITE 125  
CORAL GABLES, FL 33146      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIBERMAN, RIVKA  
Address: 9601 COLLINS AVENUE #610  
City-St-Zip: BAL HARBOUR, FL 33154

Title: SD ( ) Delete  
Name: LIBERMAN, RAQUEL  
Address: 9601 COLLINS AVENUE #610  
City-St-Zip: BAL HARBOUR, FL 33154

Title: TD ( ) Delete  
Name: LIBERMAN, VIVIAN  
Address: 9601 COLLINS AVENUE #610  
City-St-Zip: BAL HARBOUR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIVKA LIBERMAN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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01/05/2007

\_\_\_\_\_ Date