

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 023 ***150.00

DOCUMENT # P04000027774

1. Entity Name
LIBRERIA CRISTIANA EL SHADDAI, INC.



Principal Place of Business
**5495 CLUB ROAD
HAVERHILL, FL 33415 US**

Mailing Address
**5495 CLUB ROAD
HAVERHILL, FL 33415 US**

60028728



2. Principal Place of Business - No P.O. Box #
1941 S. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.
19/20J

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FLORIDA

City & State

Zip
33415

Country
USA

Zip

Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0739345

Applied For
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

**PACHECO, NELSON
5495 CLUB ROAD
HAVERHILL, FL 33415**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2007 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
PACHECO, NELSON
5495 CLUB ROAD
HAVERHILL, FL 33415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
PACHECO, YAJAIRA
5495 CLUB ROAD
HAVERHILL, FL 33415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

NELSON PACHECO, PRESIDENT

03/21/2007

(561) 433-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #