

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000091852

**Entity Name:** EBENEZER L & O CORPORATION

**Current Principal Place of Business:**

900 W 49 STREET  
SUITE 314  
HIALEAH, FL 33012

**Current Mailing Address:**

900 W 49 STREET  
SUITE 314  
HIALEAH, FL 33012 US

**FEI Number:** 46-1330416

**Certificate of Status Desired:** No

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

MORALES, LILIANA  
900 W 49 STREET  
SUITE 314  
HIALEAH, FL 33012 US

*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

**Officer/Director Detail :**

Title P  
Name MORALES, LILIANA  
Address 900 W 49 STREET, SUITE 314  
City-State-Zip: HIALEAH, FL 33012

Title VP  
Name MARTINEZ, OLAYSYS  
Address 900 W 49 STREET, SUITE 314  
City-State-Zip: HIALEAH FL 33012

Title SEC  
Name MORALES, LILIANA  
Address 900 W 49 STREET, SUITE 314  
City-State-Zip: HIALEAH FL 33012

Title TREA  
Name MARTINEZ, OLAYSYS  
Address 900 W 49 STREET, SUITE 314  
City-State-Zip: HIALEAH FL 33012

*I hereby 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 all other like empowered.*

**SIGNATURE:** LILIANA MORALES

**PRESIDENT**

**01/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date