

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90235 044 ***150.00



DOCUMENT # 228814
 1. Entity Name
SHOLOM HOUSE, INC.

Principal Place of Business
 260 OCEAN DR.
 MAIL BOX 40
 MIAMI BEACH FL 33139

Mailing Address
 260 OCEAN DR.
 MAIL BOX 40
 MIAMI BEACH FL 33139



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-6062275**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GALLARDO, LENIER
260 OCEAN DR #26
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GALLARDO, LENIER	
STREET ADDRESS	260 OCEAN DRIVE, #26	
CITY ST ZIP	MIAMI BEACH FL 33139	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BODPLAY, STEVE	
STREET ADDRESS	260 OCEAN DRIVE, #27	
CITY ST ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOVANTES, LUIS	
STREET ADDRESS	260 OCEAN DRIVE, #33	
CITY ST ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCOIS, WILBUR	
STREET ADDRESS	260 OCEAN DRIVE, #12/A	
CITY ST ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, ALAN	
STREET ADDRESS	260 OCEAN DRIVE, #24	
CITY ST ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladys Desutch de Govantes	
STREET ADDRESS	260 Ocean Dr. #33 Miami Beach, FL	
CITY ST ZIP	33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Bodolay	
STREET ADDRESS	260 Ocean Dr. #27	
CITY ST ZIP	Miami-Beach, FL 33139	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aurelio Margarino	
STREET ADDRESS	260 Ocean Dr. # 34	
CITY ST ZIP	Miami Beach, FL 33139	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilbert Francois	
STREET ADDRESS	260 Ocean Dr. # 12-A	
CITY ST ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Julian	
STREET ADDRESS	260 Ocean Dr. #25	
CITY ST ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graciela Virgili de Margarino	
STREET ADDRESS	260 Ocean Dr. #11	
CITY ST ZIP	Miami Beach, FL 33139	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 607, 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: *Gladys Desutch de Govantes* Gladys Desutch, President 4/5/07 786 276 9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #