2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State
04-19-2005 90011 028 ****50.00

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DOCUMENT # L04000066561

1. Entity Name
SHALOM TESORO, LLC

Principal Place of Business	Mailing Address
8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351	8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351

04112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1860 N. Pine Island Rd.	1860 N. Pine Island Rd.
Suite, Apt. #, etc. # 113	Suite, Apt. #, etc. # 113
City & State Plantation, FL	City & State Plantation, FL
Zip / Country 33322 / USA	Zip / Country 33322 / USA

4. FEI Number 20-1609338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHARRON, LISA 8360 W OAKLAND PARK BLVD., E105 SUNRISE, FL 33351	Name Street Address (P.O. Box Number is Not Acceptable) 1860 N. Pine Island Rd. #113 City Plantation FL Zip Code 33322

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHARRON, LISA E 8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1860 N. Pine Island Rd. #113 Plantation, FL 33322	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NACKASH, AVRANAM 8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1860 N. Pine Island Rd. #113 Plantation, FL 33322	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROTH, ROBERT A 8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1860 N. Pine Island Rd. #113 Plantation, FL 33322	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Lisa E Sharron 4/13/05 954 423-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #