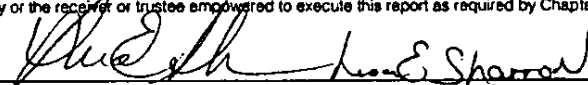


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

04-19-2005 90011 028 ****50.00

DOCUMENT # L04000066561 1. Entity Name SHALOM TESORO, LLC					
Principal Place of Business 8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351			Mailing Address 8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351		
2. Principal Place of Business 1860 N. Pine Island Rd. #113 Suite, Apt. #, etc.			3. Mailing Address 1860 N. Pine Island Rd. #113 Suite, Apt. #, etc.		
City & State Plantation, FL			City & State Plantation, FL		
Zip 33322		Country USA		Zip 33322	
Country USA		4. FEI Number 20-1609338			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SHARRON, LISA 8360 W OAKLAND PARK BLVD., E105 SUNRISE, FL 33351			7. Name and Address of New Registered Agent 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	SHARRON, LISA E		STREET ADDRESS	1860 N. Pine Island Rd. #113	
CITY-ST-ZIP	8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351		CITY-ST-ZIP	Plantation, FL 33322	
TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	NACKASH, AVRANAM		STREET ADDRESS	1860 N. Pine Island Rd. #113	
CITY-ST-ZIP	8360 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351		CITY-ST-ZIP	Plantation, FL 33322	
TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	ROTH, ROBERT A		STREET ADDRESS	1860 N. Pine Island Rd. #113	
CITY-ST-ZIP	8380 W. OAKLAND PARK BLVD., #105 SUNRISE, FL 33351		CITY-ST-ZIP	Plantation, FL 33322	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 4/13/05 Daytime Phone 954 473-4120		