2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009802

FILED Feb 01, 2006 Secretary of State

Entity Name: IGLESIA CASA DE RESTAURACION SHALOM, INC.

Current Principal Place of Business: New Principal Place of Business:

5225 NE 134 AVE WILLISTON, FL 32696

Current Mailing Address: New Mailing Address:

5225 NE 134 AVE WILLISTON, FL 32696

FEI Number: 51-0528146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROSADO, OMAR R ROSADO, OMAR 5225 NE 134 AVE 5225 NE 134 AVE

WILLISTON, FL 32696 US WILLISTON, FL 32696 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: OMAR ROSADO 02/01/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PAST () Delete (X) Change () Addition ROSADO, OMAR ROSADO, OMAR Name: Name:

5225 NE 134 AVE Address: 5225 NE 134 AVE Address: WILLISTON, FL 32696 City-St-Zip: City-St-Zip: WILLISTON, FL 32696

Title: Title: SEC (X) Change () Addition () Delete Name: ROSADO, DAMARIS Name: ROSADO, DAMARIS

Address: P.O. BOX 776 Address: P.O. BOX 776 City-St-Zip: BRONSON, FL 32621 City-St-Zip: BRONSON, FL 32621

Title: () Delete Title: TRE (X) Change () Addition ROSADO, ISMAEL ROSADO, ISMAEL Name: Name:

Address: P.O. BOX 776 Address: P.O. BOX 776 City-St-Zip: BRONSON, FL 32621 City-St-Zip: BRONSON, FL 32621

Title: VΡ () Delete Title: () Change () Addition

CARRASQUILLO, JUDITH M Name: 5225 NE 134 AVE Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR ROSADO PAS 02/01/2006