

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010799

Entity Name: SHALOM ISRAEL, CORP.

FILED  
May 05, 2009  
Secretary of State

## Current Principal Place of Business:

1549 NE 123 RD ST  
N MIAMI, FL 33161

## New Principal Place of Business:

1549 NE 123 RD ST  
NORTH MIAMI, FL 33161 US

## Current Mailing Address:

1549 NE 123 RD ST  
N MIAMI, FL 33161

## New Mailing Address:

1549 NE 123 RD ST  
NORTH MIAMI, FL 33161 US

FEI Number: 30-0285744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GLANTZ, AARON  
1549 NE 123RD ST  
N MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

GLANTZ, AARON  
1549 NE 123RD ST  
NORTH MIAMI, FL 33161 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: AARON GLANTZ

05/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GLANTZ, AARON  
Address: 1549 NE 123RD ST  
City-St-Zip: N MIAMI, FL 33161

Title: SD ( ) Delete  
Name: NAE, JOSE  
Address: 1549 NE 123RD ST  
City-St-Zip: N MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GLANTZ, AARON  
Address: 1549 NE 123RD ST  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SD (X) Change ( ) Addition  
Name: NAE, JOSE  
Address: 1549 NE 123RD ST  
City-St-Zip: NORTH MIAMI, FL 33161 US

I hereby certify that the information supplied with this filing does not qualify 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: AARON GLANTZ

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date