2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000076

FILED Feb 16, 2011 Secretary of State

Entity Name: SHAAREI SHALOM, INC.

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

3680 SE 5TH CT. 3680 SE 5TH CT.

CAPE CORAL, FL 33904 (PICK)
CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

3680 SE 5TH CT. 3680 SE 5TH CT.

CAPE CORAL, FL 33904 (PICK)
CAPE CORAL, FL 33904 US

FEI Number: 27-1576417 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:

SCHIFFMAN, MICHAEL H DR. SCHIFFMAN, MICHAEL H DR.

3680 SE 5TH CT 3680 SE 5TH CT

CAPE CORAL, FL 33904 US (PICK)
CAPE CORAL, FL 33904 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: MICHAEL SCHIFFMAN 02/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P

Name: SCHIFFMAN, MICHAEL H Address: 3680 SE 5TH CT

City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP

 Name:
 MACINTYRE, DAVID

 Address:
 3413 SE 18TH AVE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: TREA

 Name:
 MACINTYRE, PENNY

 Address:
 3413 SE 18TH AVE

 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: SEC

Name: SCHIFFMAN, MICHELLE Address: 3680 SE 5TH CT

City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SCHIFFMAN D 02/16/2011