

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 29, 2011  
Secretary of State**

DOCUMENT# N10000000076

Entity Name: SHAAREI SHALOM, INC.

**Current Principal Place of Business:**3680 SE 5TH CT.  
(PICK)  
CAPE CORAL, FL 33904 US**New Principal Place of Business:**3680 SE 5TH CT.  
CAPE CORAL, FL 33904 US**Current Mailing Address:**3680 SE 5TH CT.  
(PICK)  
CAPE CORAL, FL 33904 US**New Mailing Address:**3680 SE 5TH CT.  
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:**SCHIFFMAN, MICHAEL H DR.  
3680 SE 5TH CT  
(PICK)  
CAPE CORAL, FL 33904 US**Name and Address of New Registered Agent:**SCHIFFMAN, MICHAEL H DR.  
3680 SE 5TH CT  
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:

07/29/2011

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 USTitle: VP  
Name: SCHIFFMAN, MICHELLE R  
Address: 3680 SE 5TH COURT  
City-St-Zip: CAPE CORAL, FL 33904 USTitle: TREA  
Name: HENSON, SLADE  
Address: 6818 BROOKRIDGE TRAILS  
City-St-Zip: LAKELAND, FL 33801 USTitle: 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

P

07/29/2011

Electronic Signature of Signing Officer or Director

Date