


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N39334
 1. Entity Name
NEW SHILOH SERVICE CORPORATION



Principal Place of Business 1350 N.W. 95TH STREET MIAMI, FL 33147	Mailing Address 1350 N.W. 95TH STREET MIAMI, FL 33147
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04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0212612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOREN, BARRY M ESQ.
 9200 S. DADELAND BLVD.
 #412
 MIAMI, FL 33156

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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 registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, D.L 1350 N.W. 95TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, MAXINE 1350 N.W. 95TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTAWAY, CLYDE 1350 NW 95 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVETT, BRENDETTE 1350 NW 95 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/17/07-80055-024 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Lovett* **Brenda Lovett** *4/24/07* *(305) 835-8280*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #