

**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

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0212612**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-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

**DO NOT WRITE  
IN THIS SPACE**

U00000748199  
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*

Date

*(305) 835-8280*

Daytime Phone #