## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000580

Entity Name: SHALOM CENTER, INC.

FILED Apr 30, 2007 Secretary of State

,		OLIVILIX, IIVO.				
Current Pr	incipal Place	e of Business:	New Prince	New Principal Place of Business:		
3092 SW 1 MIRAMAR,		US	7510 MADI MIRAMAR	EIRA ST FL 33023	US	
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:		
	092 SW 165TH AVE. IIRAMAR, FL 33027 US		7510 MADEIRA ST MIRAMAR MIRAMAR, FL 33023 US			
FEI Number:	65-0564772	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
JOSEPH, JEAN-CANEAU D 3092 SW 165TH AVE. MIRAMAR, FL 33027 US			7510 MAĎI	JOSEPH, JEAN-CANEAU P 7510 MADEIRA ST MIRAMAR, FL 33023 US		
The above in the State		submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE: JEAN C	JOSEPH		04/30/2007		
	Electron	nic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				IS/CHANGES	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( MARINESE, NO 1005 N-E 176 : MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BAPTISTE, YAI 735 N-W 144 S MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	P (X JEAN C, JOSI 7510 MADEIR MIRAMAR, FL	A ST	
Title: Name: Address: City-St-Zip:	PD ( SONYA, JOSE 3092 SW 165T MIRAMAR, FL	H AVE.	Title: Name: Address: City-St-Zip:	D (X SONYA, JOSE 7510 MADEIR MIRAMAR, FL	A ST	
Title: Name: Address: City-St-Zip:	D ( BOULE, SUZE 7528 N-E 3RD MIAMI, FL 331		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD (X GALO, ROSA L 201-182ND BA SUNNY ISLES	Y DR	Title: Name: Address: City-St-Zin:	(	) Change ( ) Addition	

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: JEAN C JOSEPH P 04/30/2007