

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018796

Entity Name: SHALOM TILE CORPORATION

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

5235 RED CEDAR DRIVE
16
FT. MYERS, FL 33907

New Principal Place of Business:

2000 OLIVE AVE S
LEHIGH ACRES, FL 33971

Current Mailing Address:

5235 RED CEDAR DRIVE
16
FT. MYERS, FL 33907

New Mailing Address:

2000 OLIVE AVE S
LEHIGH ACRES, FL 33907

FEI Number: 65-0980917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAS, LUIS
Address: 5235 RED CEDAR DRIVE # 16
City-St-Zip: FT. MYERS, FL 33907

Title: V () Delete
Name: DIAS, MIRIAM
Address: 5235 RED CEDAR DRIVE # 16
City-St-Zip: FT. MYERS, FL 33907

Title: T () Delete
Name: DIAS, MAELI
Address: 5235 RED CEDAR DRIVE # 16
City-St-Zip: FT. MYERS, FL 33907

Title: S (X) Delete
Name: CORREIA, CESAR
Address: 3580 CENTRAL AVE STE 304
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAS, LUIS
Address: 2000 OLIVE AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V (X) Change () Addition
Name: DIAS, MIRIAM
Address: 2000 OLIVE AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T (X) Change () Addition
Name: DIAS, MAELI
Address: 2000 OLIVE AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS DIAS

P

02/17/2006

Electronic Signature of Signing Officer or Director

Date