

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049435

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: SHIMON GENERAL MERCHANDISE INC.

**Current Principal Place of Business:**

163-79 FERN DR  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

163-79 FERN DR  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 03-0431263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSHE, SIMON  
163-79 FERN DR  
WESTON, FL 33326 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: MOSHE, JACOB  
Address: 163-79 FERN DR  
City-St-Zip: WESTON, FL 33326

Title: P ( ) Delete  
Name: MOSHE, SIMON  
Address: 163-79 FERN DR  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Section 119.07(3)(i), 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: SIMON MOSHE

P

03/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date