FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90034 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053644

1. Entity Name
SHALOM HOME FURNITURE, INC.

Principal Place of Business	Mailing Address
364 WEST 29TH STREET HIALEAH, FL 33010	364 WEST 29TH STREET HIALEAH, FL 33010

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12557 SW 22ND ST	12557 SW 22ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State: MIRAMAR
Zip: 33027 Country: US	Zip: 33027 Country: US

4. FEI Number: 75-3057608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARIO A
8356 NW 195TH TERR.
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 12557 SW 22ND ST
City: MIRAMAR FL Zip Code: 33027

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 x [signature] [signature] x 03-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIAZ MARIO 8356 NW 195TH TERRACE HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARIO DIAZ 12557 SW 22ND ST MIRAMAR FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NYDIA V. DIAZ 12557 SW 22ND ST MIRAMAR FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: x [signature] [signature] x 3/12/04 1-305-766-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #