

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90153 033 ***150.00

DOCUMENT # P02000077126		
1. Entity Name SHALOM REHABILITATION CENTER, INC.		

Principal Place of Business 7105 SOUTH WEST 8 STREET STE 103 MIAMI, FL 33144	Mailing Address 7105 S.W. 8TH STREET STE 309 MIAMI, FL 33144
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66426247

2. Principal Place of Business <i>10146 W Flagler St</i> Suite, Apt. #, etc.	3. Mailing Address <i>10146 W Flagler St</i> Suite, Apt. #, etc.
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04262004 Chg-P ☒ CR2E034 (10/03)

City & State <i>Miami FL</i>	City & State <i>Miami FL</i>
Zip <i>33174</i>	Zip <i>33174</i>
Country	Country

4. FEI Number 01-0746698	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUCIANI, GABRIELA 7105 S.W. 8TH STREET STE 309 MIAMI, FL 33144	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when removing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP LUCIANI, GABRIELA 6726 SOUTH WEST 152 PLACE MIAMI, FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: *Gabriela Luciani* *5-27-04 (305)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

465-0005