

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084540

FILED
Jul 23, 2005
Secretary of State

Entity Name: SHEKINAH SERVICES CORPORATION

Current Principal Place of Business:

204 KALAFER LANE
FT. PIERCE, FL 34947

New Principal Place of Business:

4919 NW FORLANO ST
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

204 KALAFER LANE
FT. PIERCE, FL 34947

New Mailing Address:

4919 NW FORLANO ST
PORT ST LUCIE, FL 34983 US

FEI Number: 20-0126556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMA, JAYMES K
204 KALAFER LANE
FT. PIERCE, FL 34947 US

Name and Address of New Registered Agent:

GAMA, JAYMES K
4919 NW FORLANO ST
PORT ST. LUCIE, FL 34983 US

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: JAYMES K GAMA

07/23/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAMA, FLORESVALDA
Address: 204 KALAFER LANE
City-St-Zip: FT. PIERCE, FL 34947 US

Title: VD () Delete
Name: DA SILVA GAMA, JAYMES K
Address: 204 KALAFER LANE
City-St-Zip: FT. PIERCE, FL 34947 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAMA, FLORESVALDA
Address: 4919 NW FORLANO ST
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VD (X) Change () Addition
Name: DA SILVA GAMA, JAYMES K
Address: 4919 NW FORLANO ST
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D () Change (X) Addition
Name: FERREIRA, ANDRE D
Address: 4919 NW FORLANO ST
City-St-Zip: PORT ST. LUCIE, FL 34983 US

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: FLORESVALDA GAMA

PD

07/23/2005

Electronic Signature of Signing Officer or Director

Date