## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2005 8:00 am Secretary of State

DOCUMENT # P03000084672  1. Entity Name SHALOM KOSHER MARKET, INC.				02-11-2005 90025 017 ***150.00	
Principal Place of Business 2414 N UNIVERSITY DR SUNRISE, FL 33322		Mailing Address 2414 N UNIVERSITY DR SUNRISE, FL 33322			
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042005 Chg-P CR2E034 (10/03)
City & State		City & State			4. FEI Number Applied For 20-0125860 Not Applicab
Zip	Country	Zip Count		ry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
ZAEDID V	ADON.			Name	•
ZAFRIR, YARON 2414 N UNIVERSITY DR SUNRISE, FL 33322			ļ	Street Address	ss (P.O. Box Number is Not Acceptable)
			}	City	FL Zip Code
	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent				istered agent, or both, in the State of Florida. I am familiar with, and acceptured when reinstating)  DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont	•	· — •	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	P ZAFRIR, YARON 2414 N UNIVERSITY DR	Delete	TITLE NAME STREE	45	NFRIR, LYDIA NFRIR, LYDIA NY N. UNIVERSITY DR
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-	ST-ZIP S	SUARISE FC 38322"
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NAME STREET ADDRESS CITY-ST-ZIP			***	et adoress St-zip	± 1.2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2 m ≥ 2
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indicated	l on this roport or cupolomontal roport is	is true and accurate and that i	my signati nas requir	ure chall have th	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if