

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90222 034 \*\*\*150.00

<b>DOCUMENT # P04000021253</b> 1. Entity Name <b>SHALOM RESTAURANT, INC.</b>			
Principal Place of Business <b>5800 HOLLYWOOD BLVD. SUITE 119 HOLLYWOOD, FL 33021</b>		Mailing Address <b>5800 HOLLYWOOD BLVD. SUITE 119 HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business <b>3161 W OAKLAND PARKWAY</b>		3. Mailing Address <b>17290 NE 19 Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>NO. MIAMI BEACH, FL</b>	
Zip <b>33311</b>		Zip <b>33162</b>	
Country <b>US</b>		Country 	
6. Name and Address of Current Registered Agent  <b>ALMAN, MARTIN H 17290 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 33162</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ITSKOVICH, SHALOM <del>200 174TH STREET #1400</del> SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ITSKOVICH, SHALOM</del> 2704 NW 104 Ave #406 SUNRISE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/19/05</b> Daytime Phone #	

60043214



04192005 Chg-P CR2E034 (10/03)

4. FEI Number **61-1465637** Applied For ☐ Not Applicable ☐

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