
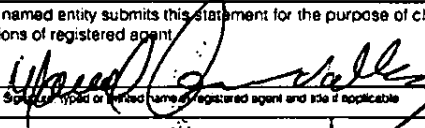



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-21-2005 90225 001 ***150.00

DOCUMENT # P04000138458 1. Entity Name SHALOM CAFETERIA INCORPORATED			
Principal Place of Business 26909 OLD 41 ROAD BONITA SPRINGS, FL 34135 US		Mailing Address PO BOX 1143 BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business 26909 Old 41 Rd. Suite, Apt. #, etc.		3. Mailing Address 26909 Old 41 Rd Suite, Apt. #, etc.	
City & State Bonita Springs fl Zip Country 34135 Lee		City & State Bonita Springs fl Zip Country 34135 Lee	
6. Name and Address of Current Registered Agent VALDEZ, MANUEL J 27324 DORTCH AVE BONITA SPRINGS, FL 34135		4. FEI Number 16-1707241	
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;"> FL Zip Code </div>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME VALDEZ, MANUEL J STREET ADDRESS 27324 DORTCH AVE CITY - ST - ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME VALDEZ, SILVIA A STREET ADDRESS 27324 DORTCH AVE CITY - ST - ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME VALDEZ, AROLD L STREET ADDRESS 27951 QUINN STREET CITY - ST - ZIP BONITA SPRINGS, FL 34135	<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
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: 		4-13-5 1239/947-3711 Date Daytime Phone #	