


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90087 044 ***150.00

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DOCUMENT # P05000011246			
1. Entity Name EL SHALOM COMMUNITY THRIFT STORE, INC.			
Principal Place of Business 3897 N.W. 19TH STREET LAUDERDALE LAKES, FL 33311 US		Mailing Address 55 ANN LEE LANE TAMARAC, FL 33319 US	
2. Principal Place of Business 3971 N.W. 19TH STREET Suite, Apt. #, etc.		3. Mailing Address 17219 64TH PLACE N. Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES FL.		City & State LOXAHATCHEE	
Zip 33311	Country BAHAMAS	Zip 33470-3226	Country Palom Beach
4. FEI Number 65-0808498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGOIRE, JEAN Y PASTOR 55 ANN LEE LANE TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name GREGOIRE JEAN Y. PASTOR Street Address (P.O. Box Number is Not Acceptable) 17219 64TH PLACE N. City LOXAHATCHEE FL Zip Code 33470-3226	
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 <u>JEAN GREGOIRE PASTOR</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P GREGOIRE, JEAN Y PASTOR 55 ANN LEE LANE TAMARAC, FL 33319 <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	VP NARCISSE, CARMENCITA 55 ANN LEE LANE TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>JEAN GREGOIRE PASTOR</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>April 12th 2006</u> 954 Daytime Phone # <u>274-4362</u>	