

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123831

Entity Name: SHALOM DISTRIBUTOR, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

215 S.W. 42ND AVENUE
#402
MIAMI, FL 33134

New Principal Place of Business:

3170 SW 16 ST
#2
MIAMI, FL 33145

Current Mailing Address:

215 S.W. 42ND AVENUE
#402
MIAMI, FL 33134

New Mailing Address:

P.O. BOX 347502
347502
CORAL GABLES, FL 33234

FEI Number: 65-1259590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, HERNANDO
215 S.W. 42ND AVENUE
#402
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

FUENTES, HERNANDO
3170 S.W. 16 ST
2
MIAMI, FL 33145 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: HERNANDO FUENTES

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUENTES, HERNANDO
Address: 215 S.W. 42ND AVENUE #402
City-St-Zip: MIAMI, FL 33134

Title: VS () Delete
Name: DE FUENTES, RUTH C
Address: 215 S.W. 42ND AVENUE #402
City-St-Zip: MIAMI, FL 33134

Title: T () Delete
Name: MENESES, SARA R
Address: 215 S.W. 42ND AVENUE #402
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUENTES, HERNANDO
Address: 3170 S.W. 16 ST # 2
City-St-Zip: MIAMI, FL 33145

Title: VS (X) Change () Addition
Name: DE FUENTES, RUTH C
Address: 3170 S.W. 16 ST # 2
City-St-Zip: MIAMI, FL 33145

Title: T (X) Change () Addition
Name: MENESES, SARA R
Address: 3170 S.W. 16 ST # 2
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HERNANDO FUENTES

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date