

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000146181

FILED
Oct 19, 2006
Secretary of State

Entity Name: SHALON PROFESSIONAL SERVICES,CORP.

Current Principal Place of Business:

1323 SE 8TH AVE
303A
DEERFIELD BEACH, FL 33441 US

Current Mailing Address:

2721 S US SUITE 9
303A
FORT PIERCE, FL 34947 US

New Principal Place of Business:

2108 S CYPRESS BEND DR SUITE # 202
POMPANO BEACH, FL 33069 US

New Mailing Address:

2108 S CYPRESS BEND DR SUITE # 202
POMPANO BEACH, FL 33069 US

FEI Number: 20-3723250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX PLACE CORP
2721 S US SUITE 9
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

SILVA, ANDERSON
2108 S CYPRESS BEND DR SUITE # 202
POMPANO BEACH, FL 33069 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: ANDERSON SILVA

10/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SILVA, ANDERSON O
Address: 1323 SE 8TH AVE #303A
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SILVA, ANDERSON O
Address: 2108 S CYPRESS BEND DR SUITE # 202
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDERSON SILVA

P/D

10/19/2006

Electronic Signature of Signing Officer or Director

Date