

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000146181

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: SHALON PROFESSIONAL SERVICES, CORP.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 20-3723250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
2ND FLOOR  
DEERFIELD BEACH, FL 33441 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: TAX HOUSE CORPORATION

03/10/2008

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: 2108 S CYPRESS BEND DR SUITE # 202  
City-St-Zip: POMPANNO BEACH, FL 33069 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANDERSON O SILVA

P

03/10/2008

Electronic Signature of Signing Officer or Director

Date