


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90430 018 \*\*\*150.00

<b>DOCUMENT # P05000150788</b>	
<b>1. Entity Name</b> SHALOM AIR CONDITIONING, INC.	

<b>Principal Place of Business</b> 106 LAKE MONTEREY CIRCLE BOYNTON BEACH, FL 33426	<b>Mailing Address</b> 106 LAKE MONTEREY CIRCLE BOYNTON BEACH, FL 33426
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<b>2. Principal Place of Business - No P.O. Box #</b> 4093 NW 1 <sup>st</sup> PLACE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4093 NW 1 <sup>st</sup> PLACE Suite, Apt. #, etc.
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<b>City &amp; State</b> DEERFIELD BEACH, FL	<b>City &amp; State</b> DEERFIELD BEACH, FL
<b>Zip</b> 33442	<b>Country</b> USA



03282007 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 20-3782220	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
LIMA, LUCIENE A 106 LAKE MONTEREY CIRCLE BOYNTON BEACH, FL 33426	

<b>7. Name and Address of New Registered Agent</b>	
Name: AMARAL, LUCIENE	
Street Address (P.O. Box Number is Not Acceptable): 4093 NW 1 <sup>st</sup> PLACE	
City: DEERFIELD BEACH, FL	Zip Code: 33442

<b>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.</b>	
SIGNATURE: <i>[Signature]</i>	DATE: 4/26/07
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LIMA, LUCIENE A 106 LAKE MONTEREY CIRCLE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT AMARAL, LUCIENE 4093 NW 1 <sup>st</sup> PLACE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS AMARAL, DANIEL 106 LAKE MONTEREY CIRCLE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS AMARAL, DANIEL 4093 NW 1 <sup>st</sup> PLACE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

<b>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.</b>	
SIGNATURE: <i>[Signature]</i>	DATE: 4/26/07 (754)367 0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	