2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056989

FILED Apr 09, 2009 Secretary of State

Entity Name: SHALOM OUTSTANDING CLEANING SERVICES, INC

Current Principal Place of Business: New Principal Place of Business: 5654 ROCK ISLAND RD., #231 TAMARAC, FL 33319 **Current Mailing Address: New Mailing Address:** 5654 ROCK ISLAND RD., #231 TAMARAC, FL 33319 FEI Number: 26-2860677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALIBA, PIERRE 1201 BRICKELL AVE., #610 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NICOLAS, PATRICK Name: Name: 5654 ROCK ISLAND RD., #231 Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: FENELUS, PHILOMENE Name: 5654 ROCK ISLAND RD., #231 Address: Address: TAMARAC, FL 33319 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FENELUS, JULES A Name: Name: 5654 ROCK ISLAND RD., #231 Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition MEHU, CARMÉLLE L Name: Name: Address: 5654 ROCK ISLAND RD., #231 Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip:

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: PATRICK NICOLAS PD 04/09/2009