2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067242

2604 TORINO WAY

ST. AUGUSTINE, FL 32092

Address: City-St-Zip:

Entity Name: SHALOM AUTO SALES, INC.

FILED Apr 14, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
323 BRIER ROSE LANE ORANGE PARK, FL 32065			1120 ROMNEY STREE	1120 ROMNEY STREET UNIT 3	
			JACKSONVILLE, FL 3	2211	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
323 BRIER ROSE LANE			1120 ROMNEY STREE	1120 ROMNEY STREET	
ORANGE PARK, FL 32065			UNIT 3		
			JACKSONVILLE, FL 3	2211	
FEI Number	: 26-2925035	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
323 BRIEF	ALBERT L JR R ROSE LANE PARK, FL 320				
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered Age	ent	 Date	
Election Car		g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ()) Delete	Title:	() Change () Addition	
Name:	DAVID, MICHAI	EL S	Name:		
Address:	1221 WOODBE		Address:		
City-St-Zip:	JACKSONVILL	E, FL 32246	City-St-Zip:		
Title:	D ()) Delete	Title:	() Change () Addition	
Name:	FANIYI, BABAT	UNDE A	Name:		
Address:	608 OAKS PLA	NTATION DR.	Address:		
City-St-Zip:	JACKSONVILL	E, FL 32211	City-St-Zip:		
Title:	D ()) Delete	Title:	() Change () Addition	
Name:	OLUSHOLA, OI	LUGBENGA	Name:		

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL S DAVID D 04/14/2009