

FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29425 (6)

1. Corporation Name

SHIFA SERVICES, INC.



Principal Place of Business

540 HUDSON ST.  
HACKENSACK NJ 07601

Mailing Address

540 HUDSON ST.  
HACKENSACK NJ 07601

2. Principal Place of Business

21 16 ARROW RD.

Suite, Apt. #, etc.

22

City & State

23 Ramsey N.J.

Zip

24 07446

Country

25

2a. Mailing Address

26 16 ARROW RD.

Suite, Apt. #, etc.

27

City & State

28 Ramsey N.J.

Zip

29 07446

Country

30

9. Name and Address of Current Registered Agent

POLO, ROBERT  
2709 WILLOW OAKS DR  
VALRICO FL 33594

3. Date Incorporated or Qualified

05/21/1990

3a. Date of Last Report

01/27/1995

4. FEI Number

22-2305287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and true principal

(NOTE: Registered agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

CD  
HAEDO, JORGE  
85 MARGETTS RD.  
CHESTNUT RIDGE NY

☐ DELETE

EVP  
RONCHI, MICHAEL  
13 SOUTH BAUMS CT.  
LIVINGTON NJ

☐ DELETE

VPF  
LEDER, LAWRENCE  
7 LANCASTER LANE  
MONSEY NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

8. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. J. J. J.

4/30/96

201-934-7558

Date

Daytime Phone #

CR2E034 (12/95)