

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054133

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: SHALOM AMSELEM, DDS, P.A.

**Current Principal Place of Business:**

2630 NE 203 ST.  
101  
N MIAMI BCH, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

2630 NE 203 ST.  
101  
N MIAMI BCH, FL 33180 US

**New Mailing Address:**

FEI Number: 65-0768684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMSELEM, SHALOM DDS  
2630 NE 203 ST.  
101  
N MIAMI BCH, FL 33180 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: AMSELEM, SHALOM DDS  
Address: 2630 NE 203 ST. #101  
City-St-Zip: N MIAMI BEACH, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHALOM AMSELEM DDS

PRES

01/06/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date