

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 020 ***150.00

DOCUMENT # S21537	
1. Entity Name SHALOM ON WHEELS, INC.	

Principal Place of Business 500 BAYVIEW DR., #1626 %ZEEV ZIPRIS ZEEV N. MIAMI BCH. FL 33160 US	Mailing Address 500 BAYVIEW DR., #1626 ZEEV %ZEEV ZIPRIS N. MIAMI BCH. FL 33160 US
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2. Principal Place of Business - No P.O. Box # 500 BAYVIEW DR. %ZEEV ZIPRIS Suite, Apt. #, etc. 1626 City & State Sunny Isles Bch FL Zip 33160 Country USA	3. Mailing Address 500 BAYVIEW DR. %ZEEV ZIPRIS Suite, Apt. #, etc. 1626 City & State Sunny Isles Beach, FL Zip 33160 Country USA
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1st MOORE CR2E034 (10/06)

4. FEI Number 65-0372216	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUGASHI, SHMUEL 500 BAYVIEW DR. N. MIAMI BCH. FL 33160	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUGASHI, SHMUEL 500 BAYVIEW DR. #1626 N. MIAMI BCH. FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Shmuel Lugashi 2-25-07 305-944-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #