I hereby 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 617, Florida Statutes; and that my name appears

above, or on an attachment with all other like empowered.

SIGNATURE: ELIDA FAVELA

TREASURER

04/28/2023

Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000003277

Entity Name: CONGREGACION BET SHALOM INC.

Current Principal Place of Business:

287 S KROME AVENUE HOMESTEAD, FL 33030

Current Mailing Address:

287 S KROME AVENUE HOMESTEAD, FL 33030

FEI Number: 27-2769224

Name and Address of Current Registered Agent:

FAVELA, CRUZ 719 SW 10 STREET FLORIDA CITY, FL 33034 US

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

Officer/Director Detail :

Title	PD	Title	VD
Name	FAVELA, CRUZ	Name	FAVELA, ELIDA
Address	719 SW 10 STREET	Address	15040 GRANT LANE
City-State-Zip:	FLORDA CITY FL 33034	City-State-Zip:	HOMESTEAD FL 33033

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2023 Secretary of State 2763649787CC

Certificate of Status Desired: No

Date