

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000013821

**Entity Name:** SHALOM CAPITAL CORP

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD  
50-711  
ORLANDO, FL 32819

**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**6219725841CC**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD  
50-711  
ORLANDO, FL 32819

**FEI Number: 84-4804413**

**Certificate of Status Desired: No**

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

MANGANIELLO OROPEZA, SILVANA  
7512 DR. PHILLIPS BLVD  
50-711  
ORLANDO, FL 32819 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name OROPEZA MEDINA, JOSE L  
Address 7512 DR. PHILLIPS BLVD SUITE 50-711  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name MANGANIELLO OROPEZA, SILVANA  
Address 7512 DR. PHILLIPS BLVD SUITE 50-711  
City-State-Zip: ORLANDO FL 32819

Title D  
Name OROPEZA MANGANIELLO, ALEJANDRO  
Address 7512 DR. PHILLIPS BLVD SUITE 50-711  
City-State-Zip: ORLANDO FL 32819

Title D  
Name MILLER, GABRIELA O  
Address 7512 DR. PHILLIPS BLVD SUITE 50-711  
City-State-Zip: ORLANDO FL 32819

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SILVANA MANGANIELLO OROPEZA**

**VP**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date