

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 17, 2009  
Secretary of State**

DOCUMENT# P07000116600

Entity Name: SW CONSULTING SERVICES CORP

**Current Principal Place of Business:**

6723 N ARMENIA AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

6723 N ARMENIA AVE  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 26-1297148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NAVARRO, SILVIA  
521 ALAFAYA WOODS BLVD  
H  
OVIDO, FL 32765 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: SILVIA NAVARRO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: NAVARRO, SILVIA  
Address: 521 ALAFAYA WOODS BLVD APT H  
City-St-Zip: OVIDO, FL 32765

Title: VP ( ) Delete  
Name: ENRIQUE VILCHEZ, WILLIAM  
Address: 6723 N. ARMENIA AVE  
City-St-Zip: TAMPA, FL 33604

Title: P ( ) Delete  
Name: ROBERTO SALMEIRAO, MARCIO  
Address: 6723 N. ARMENIA AVE  
City-St-Zip: TAMPA, FL 33604

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTO SALMEIRAO MARCIO

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12/17/2009

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

\_\_\_\_\_  
Date