

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000061623

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** SWISS SHADE PRODUCTS, INC.

**Current Principal Place of Business:**

160 N.E. 32ND STREET  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 N.E. 32ND STREET  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

GARBARSKY, JAMES  
160 N.E. 32ND STREET  
OAKLAND PARK, FL 33334 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GARBARSKY, JAMES  
Address: 160 N.E. 32ND STREET  
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: DVPS  
Name: RAFFINENGO, MARCELLO  
Address: 160 N.E. 32ND STREET  
City-St-Zip: OAKLAND PARK, FL 33334 US

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: JAMES GARBARSKY

DPT

03/23/2012

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

\_\_\_\_\_ Date