

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043942

Entity Name: S.W.S. CAMISAS, INC.

FILED
Mar 26, 2007
Secretary of State

Current Principal Place of Business:

801 W 41 ST
3RD FLR
MIAMI BCH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

801 W 41 ST
3RD FLR
MIAMI BCH, FL 33140 US

New Mailing Address:

FEI Number: 65-0418338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, ENRIQUE
801 W 41 ST
3RD FLR
MIAMI BCH, FL 33140 US

Name and Address of New Registered Agent:

FREEMAN, PAUL H
1840 WEST 49TH STREET
SUITE 410
HIALEAH, FL 33012 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: PAUL H. FREEMAN

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: SHULEVITZ, JOSEPH
Address: 801 W 41 ST 3RD FLR
City-St-Zip: MIAMI BCH, FL

Title: PSD () Delete
Name: SHULEVITZ, DAVID
Address: 801 W 41 ST 3RD FLR
City-St-Zip: MIAMI BCH, FL

Title: TSDV (X) Delete
Name: PADRON, ENRIQUE
Address: 801 W 41 ST 3RD FLR
City-St-Zip: MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: SHULEVITZ, JOSEPH
Address: 2277 SUNSET DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: PSTD (X) Change () Addition
Name: SHULEVITZ, DAVID
Address: 2277 SUNSET DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID J. SHULEVITZ

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

Date