


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90099 001 *1,861.25

DOCUMENT # 345274 1. Entity Name SOUTHWEST FLORIDA ENTERPRISES, INC.	
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Principal Place of Business 401 NW 38TH COURT. P. O. BOX 350940 MIAMI, FL 33135	Mailing Address 401 NW 38TH COURT. P. O. BOX 350940 MIAMI, FL 33135
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66001096



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1263670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAVENICK, FRED
401 NW 38TH CT
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, BARBARA 401 NW 38TH CT. MIAMI, FL 00000 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTE HAVENICK, FRED 401 NW 38TH CT. MIAMI, FL 00000, 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOUR, ISABELLE 401 NW 38TH CT. MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HECHT, FLORENCE 401 NW 38TH CT. MIAMI, FL 00000, 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred Havenick Date: 1/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #