
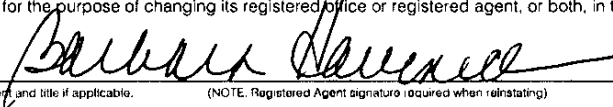
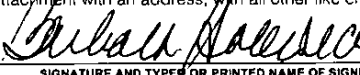


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90091 001 \*1,861.25

<b>DOCUMENT # 345274</b>					
1. Entity Name SOUTHWEST FLORIDA ENTERPRISES, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1263670</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  HAVENICK, FRED 401 NW 38TH CT MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <b>HAVENICK, BARBARA</b> Street Address (P.O. Box Number is Not Acceptable)  401 NW 38TH COURT City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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 <b>BARBARA HAVENICK</b>				DATE <b>4/27/07</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> P/D <input type="checkbox"/> Delete	TITLE	E/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAVENICK, BARBARA	NAME	SAVIN, SCOTT		
STREET ADDRESS	401 NW 38TH CT.	STREET ADDRESS	401 NW 38TH COURT		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	PTE <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAVENICK, FRED	NAME	HAVENICK, ISADORE		
STREET ADDRESS	401 NW 38TH CT.	STREET ADDRESS	401 NW 38TH COURT		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	<input checked="" type="checkbox"/> P/D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HECHT, FLORENCE	NAME	HAVENICK, ALEXANDER		
STREET ADDRESS	401 NW 38TH CT.	STREET ADDRESS	401 NW 38TH COURT		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	<input type="checkbox"/> Delete	TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	WEEMS, LORI K		
STREET ADDRESS		STREET ADDRESS	401 NW 38TH COURT		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	<input type="checkbox"/> Delete	TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	REITNAUER, LEON P		
STREET ADDRESS		STREET ADDRESS	401 NW 38TH COURT		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		BARBARA HAVENICK		4/27/07 305-649-3000	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	