## 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: SILVIA NAVARRO

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

**Current Principal Place of Business:** 

DOCUMENT# P07000116600

6723 N ARMENIA AVE TAMPA, FL 33604

WINTER SPRINGS, FL 32708

279 MCLEODS WAY

## FEI Number: 26-1297148

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: SW CONSULTING SERVICES CORP

NAVARRO, SILVIA 279 MCLEODS WAY WINTER SPRINGS , FL 32708 US

**Officer/Director Detail :** 

s

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:

Title

	-		-
Name	NAVARRO, SILVIA	Name	PARANHOS, PATRICIA MAURA
Address	279 MCLEODS WAY	Address	DONA MARIA DAS DORES PAYZINHO 50-1F
City-State-Zip:	WINTER SPRINGS FL 32708	City-State-Zip:	CARCAVELOS 2775-704

Title

Ρ

Certificate of Status Desired: No

FILED Sep 17, 2018 Secretary of State CC9377565015

Date

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

I horoby portify that the information in the

SECRETARY

09/17/2018

Date