

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90103 001 \*1,650.00

**DOCUMENT # 345274**

1. Entity Name

**SOUTHWEST FLORIDA ENTERPRISES, INC.**



Principal Place of Business

**401 NW 38TH COURT.  
MIAMI, FL 33135**

Mailing Address

**401 NW 38TH COURT.  
MIAMI, FL 33135**

**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1263670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD, 21ST FLOOR  
MIAMI, FL 33131**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HAVENICK, BARBARA  
STREET ADDRESS 401 NW 38TH CT.  
CITY-ST-ZIP MIAMI, FL 33126

TITLE V  
NAME HAVENICK, ISADORE  
STREET ADDRESS 401 NW 38TH CT.  
CITY-ST-ZIP MIAMI, FL 33126

TITLE D  
NAME HECHT, FLORENCE  
STREET ADDRESS 401 NW 38TH CT.  
CITY-ST-ZIP MIAMI, FL 33126

TITLE V  
NAME HAVENICK, ALEXANDER  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VS  
NAME WEEMS, LORI K  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VT  
NAME REITNAUER, LEON P  
STREET ADDRESS 401 NW 38TH CT  
CITY-ST-ZIP MIAMI, FL 33126

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA HAVENICK**

**3/28/08**

Date

**305-649-3000**

Daytime Phone #