


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90488 003 ***150.00

DOCUMENT # 614387 1. Entity Name SNW CORP.					
Principal Place of Business 1815 GRIFFIN ROAD 301 DANIA BEACH, FL 33004 US			Mailing Address 1815 GRIFFIN ROAD 301 DANIA BEACH, FL 33004 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1898357	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLOFSKY, HOWARD 1815 GRIFFIN ROAS, SUITE 301 DANIA BEACH, FL 33004				7. Name and Address of New Registered Agent Name HOWARD WOLOFSKY Street Address (P.O. Box Number is Not Acceptable) 6971 N. FEDERAL HIGHWAY City BOCA RATON FL Zip Code 33487	
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 <u>HOWARD WOLOFSKY</u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLOFSKY, HOWARD 1815 GRIFFIN ROAD, SUITE 301 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLOFSKY, HOWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6971 N. FEDERAL HIGHWAY, Suite 301 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, MARLENE 1815 GRIFFIN ROAD, SUITE 301 DANIA, FL 33004 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, MARLENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6971 N. FEDERAL HIGHWAY, Suite 301 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURSTEIN, RHONDA 1815 GRIFFIN ROAD, SUITE 301 DANIA, FL 33004 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURSTEIN, RHONDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6971 N. FEDERAL HIGHWAY, Suite 301 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>HOWARD WOLOFSKY</u> DATE <u>4/26/05</u> 561-995-7465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					