

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 614387

Entity Name: SNW CORP.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

500 N FEDERAL HWY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 810488  
BOCA RATON, FL 33481

**New Mailing Address:**

FEI Number: 59-1898357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLOFSKY, HOWARD PD  
535 CASARINA CONCOURSE  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOLOFSKY, HOWARD PD  
Address: 535 CASARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143 FL

Title: VD  
Name: LEVINE, MARLENE VD  
Address: 136 ROSALES COURT  
City-St-Zip: CORAL GABLES, FL 33143

Title: SD  
Name: BURSTEIN, RHONDA SD  
Address: 7630 SW 54TH AVENUE  
City-St-Zip: MIAMI, FL 33143

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: HOWARD WOLOFSKY

PD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date