


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90099 001 *1,861.25

DOCUMENT # 614679 1. Entity Name SOUTHWEST RADIO ENTERPRISES, INC.	
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Principal Place of Business 401 NW 38TH CT (33126) P. O. BOX 350940 MIAMI, FL 33126-5638	Mailing Address P O BOX 350940 MIAMI, FL 33135-0940 US
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66001106



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1905736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAVENICK, FRED 401 NW 38TH COURT MIAMI, FL 33126

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPD HAVENICK, FRED 401 N.W. 38TH CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOUR, ISABELLE 401 NW 38TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, BARBARA 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, FLORENCE 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Fred Havenick

1/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #