

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 614679

1. Entity Name
SOUTHWEST RADIO ENTERPRISES, INC.



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**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1905736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000558655
05/17/06-80105-001 1861.25**

10. OFFICERS AND DIRECTORS

TITLE	EPD
NAME	HAVENICK, FRED
STREET ADDRESS	401 N.W. 38TH CT.
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	D
NAME	HAVENICK, BARBARA
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	
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 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

4/17/06

Date

Daytime Phone # _____