2008 FOR PROFIT CORPORATION

Apr 07, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # G18433 SHWAKE ENTERPRISES, INC. Principal Place of Business Mailing Address 2234 WESTON ROAD 2234 WESTON ROAD WESTON, FL 33326 WESTON, FL 33326 CR2E034 (11/05) 03142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2242671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SHWAKE, JOE DO NOT WRITE 2234 WESTON ROAD WESTON, FL 33326 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees *຺*຺ຩ຺ຉຉຉຉຉຨຨຘຘຠຨ After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SHWAKE, JOE NAME STREET ADDRESS 2521 MONTEREY COURT WESTON, FL 33327 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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	
-----------	--

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

>HWAKE フゅミ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEZIDENA

Daytime Phone #

FILED