## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # J35789** J. S. W. ENTERPRISES, INC. Mailing Address

6. Name and Address of Current Registered Agent

02152006

**FILED** Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90459 004 \*\*\*150.00

Principal Place of Business
C/O SHELDON B. PALLEY
1497 NW 7 ST.

MIAMI, FL 33125

1497 NW 7 ST.

SIGNATURE:

C/O SHELDON B. PALLEY 1497 NW 7 ST. MIAMI, FL 33125



DO	<b>NOT</b>	WRITE	IN	THIS	SPAC	E
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4.	FEI Number		Applied For
	59-2748759		Not Applicable
5.	Certificate of Status Desired	\$8.7 Fee F	Additional uired

CR2E034 (11/05)

4/05/06 305-642-0592

Daytime Phone #

No Chg-P

SCHWEITZER, G.M. DO NOT WRITE IN THIS SPACE MIAMI, FL 33125

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							
	nature, typed or printed name of registered agent and title ii	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be							
	1, 2006 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees			
10.	OFFICERS AND DIREC	TORS					
	от /						
	VEINTHAL, MARC						
STREET ADDRESS 1	8241 NE 27H CT						
CITY-ST-ZIP N	IORTH MIAMLBEACH, FL						
TITLE V	10-1						
NAME S	CHWEITZER, G. M.						
STREET ADDRESS 1	3113 SW 95 AVE.						
CITY-ST-ZIP N	MAMI, FL						
titus P	•						
NAME N	MUNACH, GLENN J.				1		
STREET ADDRESS 1	100 14 ST.			200			
CITY-ST-ZIP A	/IAMI BCH., FL			טט	NOT WRITE		
TITLE S	SD			INE '	TILLO CDACE		
NAME P	ALLEY, SHELDON B.			11/4	THIS SPACE		
STREET ADDRESS 8	365 SW 91 ST.						
CITY-ST-ZIP N	MAMI, FL						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE					•		
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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 key empowered.  SHELDON B PALLEY // 05/06 3.05 – 6/.2 . 0.5.02							

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON B. PALLEY