


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K16843</b> 1. Entity Name SWFB, INC.	
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Principal Place of Business 401 N.W. 38TH COURT (ZIP 33126-5638) P. O. BOX 350940 MIAMI, FL 33135	Mailing Address 401 N.W. 38TH COURT (ZIP 33126-5638) P. O. BOX 350940 MIAMI, FL 33135
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01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0043720	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HAVENICK, FRED 401 N.W. 38TH CT MIAMI, FL 33126
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**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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U000000558653  
05/17/06-80105-001 1861.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, BARBARA 401 N.W. 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDE HAVENICK, FRED 401 N.W. 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, FLORENCE 401 N.W. 38TH CT MIAMI, FL 33126
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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:** Fred Havenick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06  
Date

Daytime Phone #