2007 FOR PROFIT CORPORATION ANNUAL REPORT					FILED May 03, 2007 8:00 an Secretary of State		
DOCU 1. Entity Nam SWFB, IN			05-03-2007 90091 001 *1,861.25				
Principal Plac	e of Business	Mailing Address					
			W. 38TH COURT (ZIP 33126-5638) OX 350940				
2. Principal Place of Business - No P.O. Box # 3. Mailing Add							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007 Chg-P	CR2E034 (12/06	)
City & State		City & State			4. FEI Number 65-0043720		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certilicate of Status Desired	□ <b>\$8.75</b> A Fee Requi	
· · ·	6. Name and Address of Currer	nt Registered Agent	Name	· · ·	7. Name and Address of New	Registered Agent	······································
HAVENIC		HAVENICK, BARBARA Street Address (P.O. Box Number is Not Acceptable)					
401 N.W. 38TH CT MIAMI, FL 33126			Sireer	vouress (	P.O. Box Number is Not Acceptac	ie)	
				401 NW 38TH COURT			
			City	MIAMI	-		<sup>ide</sup> L26
After Ma	officers AN	D.00 Trust Fund Cor	Itribution.	Add	ed to Fees	FICERS AND DIRECTO	RS IN 11
TITLE		Delete	TITLE	D /		Change	Additio
NAME Street address	HAVENICK, BARBARA 401 N.W. 38TH CT		NAME STREET ADDRESS	401	VENICK, ISADORE NW 38TH COURT		
CITY-ST-ZIP	MIAMI, FL 33126	Delete	CITY-ST-ZIP	MIA D/V	MI, FL <u>33126</u>	Chanoe	Additio
IAME STREET ADDRESS	HAVENICK, FRED 401 N.W. 38TH CT MIAMI, FL 33126		NAME STREET ADDRESS CITY-ST-ZIP	HAV 401	VENICK, ALEXANDER NW 38TH COURT MI, FL 33126		
ITLE IAME STREET ADDRESS STTY-ST-ZIP	D HECHT, FLORENCE 401 N.W. 38TH CT MIAMI, FL 33126	🔀 Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	E/V SAV 401		🗋 Change	Additio 🔀
ITLE IAME ITREET ADDRESS ITY - ST - ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	401	MS, LORI K NW 38TH COURT MI, FL 33126	Change	Additio 🛛
TTLE IAME Street Address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	401	TNAUER, LEON P NW 38TH COURT MI, FL 33126	Change	e 🔀 Additio
TTLE IAME Street address Tty - St - Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	e 🔲 Addilio
<ol> <li>I hereby indicated of the cor changed</li> </ol>	certify that the information supplied w on this report or supplemental repor poration or the repeiter or trustee en or on an attachment with an addres:	ith this filing does not qualify t is true and accurate and that powered to execute this repoi s, with all other like empowere	for the exemptions my signature shall t as required by Ch d.	contained have the apter 601	d in Chapter 119, Florida Statutes same legal effect as if made unde 7, Florida Statutes; and that my na	I further certify that the r oath; that I am an offic me appears in Block 10	information er or director or Block 11 if
SIGNAT		R PRINTED NAME OF SIGNING OFFICE		A HAV	ENICK 4/27/07 Date	305-649- Daytime Phone	3000