

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90099 001 *1,861.25

DOCUMENT # K20254

1. Entity Name
SWFE - FLAGLER, INC.



Principal Place of Business
401 NW 38TH COURT (33126)
P. O. BOX 350940
MIAMI, FL 33135

Mailing Address
401 NW 38TH COURT (33126)
P. O. BOX 350940
MIAMI, FL 33135

66001104



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0069736

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAVENICK, FRED
401 N.W. 38TH CT
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AMOUR, ISABELLE
STREET ADDRESS	401 N.W. 38TH CT
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	HAVENICK, BARBARA
STREET ADDRESS	401 N.W. 38TH CT
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	EPT
NAME	HAVENICK, FRED
STREET ADDRESS	401 N.W. 38TH CT
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	D
NAME	HECHT, FLORENCE
STREET ADDRESS	401 N.W. 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 exemption stated in Section 119.07(3)(i), 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

1/25/05
Date

Daytime Phone #