

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 015 ***150.00

DOCUMENT # M08812

1. Entity Name
AMERISWEDE HEALTH PRODUCTS, INC.

Principal Place of Business
C/O DATA PROFESSIONALS, INC
3935 NW 38TH TERR
LAUDERDALE LAKES, FL 33309 US

Mailing Address
PO BOX 5046
FT LAUDERDALE, FL 33310 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2497816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DATA PROFESSIONALS, INC.
3935 NW 38TH TERR
LAUDERDALE LAKES, FL 33309

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
SVENSSON, GLORIA G.
3935 N.W. 38TH TERR
LAUDERDALE LAKES, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SVENSSON, LARS G.
3935 N.W. 38TH TERR
LAUDERDALE LAKES, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CARLIN, THOMAS P
3935 N.W. 38TH TERRACE
LAUDERDALE LAKES, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lars G. Svensson
LARS G. SVENSSON

4-28-04

Date

954-731-4831

Daytime Phone #