

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 Mailing Address
C/O DATA PROFESSIONALS, INC **PO BOX 5046**
3935 NW 38TH TERR **FT LAUDERDALE, FL 33310** **US**
LAUDERDALE LAKES, FL 33309 **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 **\$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 _____ (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** **954-731-4831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #