

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

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**



04262005 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**

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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
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

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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)(f), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 954-731-4831
Date Daytime Phone #