


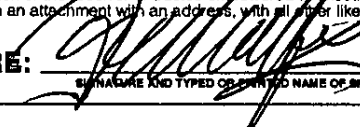


**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # M17698</b> 1. Entity Name S.F.W. ENTERPRISES, INC.			
Principal Place of Business 5372 S.W. 118TH AVE COOPER CITY, FL 33330		Mailing Address 5372 S.W. 118TH AVE COOPER CITY, FL 33330	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2550845	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  WOLFE, SANDRA 5372 S.W. 118TH AVE COOPER CITY, FL 33330		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		 04/24/07-80054-021 150.00  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	V		
NAME	WOLFE, SANDRA		
STREET ADDRESS	5372 SW 118TH AVE.		
CITY-ST-ZIP	COOPER CITY, FL		
TITLE	P		
NAME	WOLFE, FRED		
STREET ADDRESS	5372 SW 118TH AVE.		
CITY-ST-ZIP	COOPER CITY, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4-13-07 954-434-6964	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	