


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007402 1. Entity Name SWS CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 1600 NW 163 ST MIAMI, FL 33169	Mailing Address 1600 NW 163 ST MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1054944	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 HERMAN, ALISON P 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES, FL 33134
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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)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/20/08-80024-012 \$1.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, HARVEY R 1600 NW 163 ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, WAYNE E 1600 NW 163 ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, PAUL B 1600 NW 163 ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, STEVEN R 1600 NW 163RD STREET MIAMI, FL 33169
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 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 617, 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:  **Steven R. Becker** 2/21/08 305-625-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #