


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 023 ****61.25

DOCUMENT # N03000007712

1. Entity Name
SWAP AND SHARE COMMUNITY OUTREACH, INC.



Principal Place of Business
**19390 COLLINS AVE
 STE 1421
 SUNNY ISLES BEACH, FL 33160**

Mailing Address
**P.O. BOX 22220
 FT LAUDERDALE, FL 33335**

03010060



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08242004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
54-2124057

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

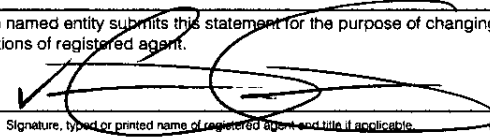
6. Name and Address of Current Registered Agent

**LEE, ELD. LORENZO
 19390 COLLINS AVE
 STE 1421
 SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  **24th August 2004**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres	<input type="checkbox"/> Delete
NAME	Eld. Lorenzo Lee	
STREET ADDRESS	19390 Collins Ave #1421	
CITY-ST-ZIP	Sunny Isles Bch, FL 33160	
TITLE	Brandy Goldstein-D	<input type="checkbox"/> Delete
NAME	Brandy Goldstein-D	
STREET ADDRESS	19390 Collins Ave #1016	
CITY-ST-ZIP	Sunny Isles Bch, FL 33160	
TITLE	Secy/Treasurer	<input type="checkbox"/> Delete
NAME	Ethel Wiggins	
STREET ADDRESS	4881 NW 22nd St Bldg 3 Ste 88	
CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:  **24th August 2004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #