
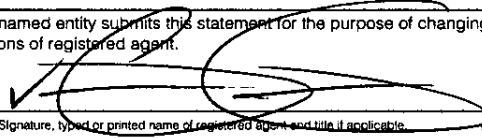
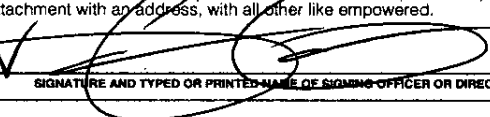


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N03000007712</b> 1. Entity Name <b>SWAP AND SHARE COMMUNITY OUTREACH, INC.</b>					
Principal Place of Business <b>19390 COLLINS AVE STE 1421 SUNNY ISLES BEACH, FL 33160</b>			Mailing Address <b>P.O. BOX 22220 FT LAUDERDALE, FL 33335</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEE, ELD. LORENZO 19390 COLLINS AVE STE 1421 SUNNY ISLES BEACH, FL 33160</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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  <div style="float: right; text-align: right;"> <b>24th August 2004</b>          DATE       </div>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME				<input type="checkbox"/> Delete
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME				<input type="checkbox"/> Delete
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME				<input type="checkbox"/> Delete
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME				<input type="checkbox"/> Delete
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME				<input type="checkbox"/> Delete
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME				<input type="checkbox"/> Delete
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY - ST - ZIP			
CITY - ST - ZIP					
TITLE		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY - ST - ZIP			
CITY - ST - ZIP					
TITLE		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY - ST - ZIP			
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:  <div style="float: right; text-align: right;"> <b>24th August 2004</b>          Date       </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

03010060



08242004 Chg-NP CR2E037 (10/03)

4. FEI Number **54-2124057** Applied For  
Not Applicable

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

**FL** Zip Code

DATE

**Make check payable to  
Florida Department of State**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #