


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 010 ****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

2. Principal Place of Business
520 SE 5th Ave.

3. Mailing Address
 Suite, Apt. #, etc.
3202

City & State
Ft. Lauderdale Fl

City & State
 City & State

Zip
33301

Country
USA

Zip
 Zip

Country
 Country

02042005 Chg-NP CR2E037 (10/03)

4. FEI Number
54-2124057

Applied For
 Not Applicable

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

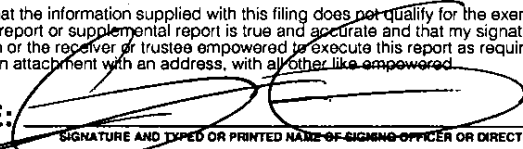
Filing Fee is \$61.25 Due by May 1, 2005

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEE, LORENZO ELD. 19390 COLLINS AVE #1421 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GOLDSTEIN, BRANDY 19390 COLLINS AVE #1421 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WIGGINS, ETHEL 4881 NW 22 ST BLDG 3 STE 8B LAUDERHILL, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Ra'Shelle Lee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 SE 5th Ave. # 3202 Ft. Lauderdale Fl 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Michelle Lee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3301 NW 47th Terr Lauderdale Lakes Fl 33319 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **706 4, 05** Daytime Phone # **764 6107**