


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. Suite, Apt. #, etc. 3202			3. Mailing Address Suite, Apt. #, etc.		
City & State Ft. Lauderdale Fl			City & State		
Zip 33301		Country USA		4. FEI Number 54-2124057	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME LEE, LORENZO ELD.		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19390 COLLINS AVE #1421	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160			STREET ADDRESS	CITY-ST-ZIP
TITLE VPD	NAME GOLDSTEIN, BRANDY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19390 COLLINS AVE #1421	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160			STREET ADDRESS	CITY-ST-ZIP
TITLE STD	NAME WIGGINS, ETHEL		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4881 NW 22 ST BLDG 3 STE 8B	CITY-ST-ZIP LAUDERHILL, FL 33313			STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete			TITLE TD Ra'Shelle Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS 520 SE 5th Ave. # 3202	CITY-ST-ZIP Ft. Lauderdale Fl 33301
TITLE	<input type="checkbox"/> Delete			TITLE SD Michelle Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete			STREET ADDRESS 3301 NW 47th Terr	CITY-ST-ZIP Lauderdale Lakes Fl 33319
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 706 44.05 7646107 Daytime Phone #: 954		