2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000052126

1. Entity Name
SWIPE IT, INC.

Principal Place of Business	Mailing Address
1111 PARK CENTER BLVD. #104 MIAMI, FL 33169	1111 PARK CENTER BLVD. #104 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

02022006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1049915	Not Applicable

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

6. Name and Address of Current Registered Agent

PERLMAN, ALAN J
1111 PARK CENTRE BLVD.
MIAMI, FL 33169

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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's signature required when changing.

U00000429003
02/21/06-80070-015 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CHADROFF, LORI
STREET ADDRESS	1111 PARK CENTRE BLVD. #104
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VPT
NAME	PERLMAN, DEBORAH
STREET ADDRESS	1111 PARK CENTRE BLVD.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 607, 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: _Deborah Perlman, DEBORAH PERLMAN, pres._
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR