

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 029 ***150.00

DOCUMENT # P00000052126

1. Entity Name
SWIPE IT, INC.



Principal Place of Business

1111 PARK CENTER BLVD. #104
MIAMI, FL 33169

Mailing Address

1111 PARK CENTER BLVD. #104
MIAMI, FL 33169

2. Principal Place of Business - No P.O. Box #
1460 NW 159 Street

3. Mailing Address
1460 NW 159 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL 33169

City & State
Miami FL 33169

Zip

Country

Zip

Country

02152008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1049915

Applied For
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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1460 NW 159 Street

City
Miami

FL Zip Code
33169

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
STREET ADDRESS 1111 PARK CENTRE BLVD. #104
CITY-ST-ZIP MIAMI, FL 33169

TITLE VPT
NAME PERLMAN, DEBORAH ☐ Delete
STREET ADDRESS 1111 PARK CENTRE BLVD.
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1460 NW 159 Street
CITY-ST-ZIP Miami FL 33169

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1460 NW 159 Street
CITY-ST-ZIP Miami FL 33169

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Perlmán
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-08

3053180133

Date

Daytime Phone #