


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|--|---|---|
| DOCUMENT # P0000106292 | |  | |
| 1. Entity Name SW3 CONSULTANTS, INC. | | | |
| Principal Place of Business 502 SE 11TH COURT FT LAUDERDALE, FL 33316 | | Mailing Address 502 SE 11TH COURT FT LAUDERDALE, FL 33316 | |
| 2. Principal Place of Business 420 SE 17th AVE <small>Date, Apt. #, etc.</small> | | 3. Mailing Address 420 SE 17th AVE <small>Date, Apt. #, etc.</small> | |
| City & State FT LAUDERDALE, FL | | City & State FT LAUDERDALE, FL | |
| Zip 33301 | Country BROWARD | Zip 33301 | Country BROWARD |
| 4. FEI Number 65-1070056 | | Applied For <input type="checkbox"/> No: Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBERTS, CHEREE 502 SE 11TH COURT FT LAUDERDALE, FL 33316 | | 7. Name and Address of New Registered Agent Name ROBERTS, CHEREE Street Address (P.O. Box Number is Not Acceptable) 420 SE 17th AVE City FT LAUDERDALE FL Zip Code 33301 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D ROBERTS, CHEREE <input type="checkbox"/> Delete 502 SE 11TH COURT FT LAUDERDALE, FL 33316 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | ROBERTS, CHEREE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 SE 17th AVE FT LAUDERDALE, FL 33301 |
| 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 |
| 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 |
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| 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)(c), 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 empowerments. | | | |
| SIGNATURE: <i>Cheree Roberts</i> | | Date: <i>4-28-04</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE</small> | |

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