## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** May 01, 2007 08:00 Al Secretary of State

Applied For

\$8.75 Additional

¥582/-0330

Not Applicable

	VALUE OIL		
DOCUMENT # P01000  1. Entity Name SWEZY ACQUISITIONS, INC.	0074424		
Principal Place of Business	Mailing Address	<del></del>	
5709 N.W. 158 ST. BUILDING 46	5709 N.W. 158 ST. BUILDING 46		

MIAMI LAKES, FL 33014 US

## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04262007 No Chg-P

5. Certificate of Status Desired Fee Required

4. FEI Number 65-1130314

			_			
6.	Name :	and A	idress (	of Curren	t Registered	Agent
••	1101110	4114 / **			, i cofince, an	

SWEZY, LEWIS V 5709 NW 158 STREET MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title li	applicable. (NOTE; Registered	Agent signaturi	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEZY, LEWIS V 5709 N.W. 158 ST. BUILDING 46 MIAMI LAKES, FL 33014				V00000752244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				05/21/07-80009-004 158.7
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged.	perify that the information supplied with this fill on this report or supplemental report is true a portion or the receiver for trustee empowerso, or on an attackment with an address, with all	ing does not qualify for the exemind accurate and that my signature to execute this report as require other like empowered.	nptions co ire shall ha ed by Chap	ntained in Chapter 119 ve the same legal effecter 607, Florida Statute	Florida Statutes. I further certify that the information tas if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if

ING OFFICER OR DIRECTOR