## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P02000014928** 05-04-2005 90168 043 \*\*\*150.00 1. Entity Name SW PROPERTY MANAGEMENT CORP. Principal Place of Business Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 280 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address 1390 Brickell Avenue 1390 Brickell Avenue Suite, Apt. #, etc Suite, Apt. #, etc 04272005 Chg-P CR2E034 (10/03) Suite 200 Suite\_200 4 FEI Number Applied For City & State City & State Miami, Miami, 02-0567714 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required US US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u> Alvaro Castillo B.</u> SANCHEZ DE VARONA, RAUL J Street Address (P.O. Box Number is Not Acceptable) 1320 SOUTH DIXIE HIGHWAY SUITE 280 QÓRAL GABLES, FL 33146 1390 Brickell Avenue. Suite 200 City Zip Code <u>Miami</u> 33131 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. 4-27 05 SIGNATURE Signature, typed or printed name of registered agent and the if appli (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE Change Addition D Esteban Balantzian BALANTZIAN, ESTEBAN NAME NAME 1390 Brickell Avenue, Suite 200 1320 SOUTH DIXIE HIGHWAY SUITE 280 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 propert 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305/3715540 4-27-05 SIGNATURE: \_

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FILED

May 04, 2005 8:00 am