Apr 02, 2003 8:00 am § Secretary of State , **FILED**

04-02-2003 90110 047 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000092576

DOCUMENT #

1. Entity Name THE SWIFTSURE GROUP, INC.



Principal Place of Business C/O PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD., 43RD FLOOR MIAM! FL 33131

Mailing Address

C/O PENINSULA REGISTERED AGENTS. INC. 200 S BISCAYNE BLVD., 43RD FLOOR MIAMI FL 33131

				-				
	ndall Dr.	13701 N. Kendall DR.				***************************************	144(8 9)(1 1441	
Suite, Apt. #, etc. 5+e 306		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State Mlami, FL		City & State Miami, FL			4. FEI Number	7	plied For t Applicable	
Zip 33186	Country	Zip 33186	Country USA		5. Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Regis	stered Agent		
Company of the control of the contro				Name : Na				
PENINSULA REGISTERED AGENTS, INC.			Kary Brulurut					
200 S BISCAYNE BOL			Street A	Address (F	P.O. Box Number is Not Acceptable) Micel Wireless			
	JELYNID	•		C/U 1	MICEL WITELESS			
43RD FLOOR		1370		l North Kendall Drive, Ste. 306				
MIAMI FL 33131			City ■ Zip Code					
O The		2		<u>Mia</u>				
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.								
3/17/02								
SIGNATURE								
Signature, typed or printed name of positional agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!!	FEE IS \$150.00						_	
After May 1, 2003	Fee will be \$550.00				 Election Campaign Financ Trust Fund Contribution. 		May Be to Fees	
Make Check Payable to Florida Department of State					ridser and Commodion.	□ Added	10 1 663	
10.	OFFICERS AND D	DIRECTORS.	11.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS	S IN 11	
TITLE		□ Delete	TITLE	P/S		☐ Change	Addition	
NAME		Dolcto	NAME		no J. Riegl			
STREET ADDRESS			STREET ADDRESS		Queen Anne Avenue N.	. Ste. 186	ļ	
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STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP				, s	
				<u> </u>				
 I bereby certify that the in 	ntormation supplied with t	hie tiling doge not gualify for	the avemption eta	ted in Sec	ction 119.07/3Vi). Florida Statutes, Liurt	nor cortify that the in-	tormation	

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:

(206) 283-8989

Date

Daytime Phone #