


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90013 013 \*\*\*150.00

<b>DOCUMENT # P02000132697</b>	
1. Entity Name <b>SWM INVESTMENT CORPORATION</b>	

Principal Place of Business <b>2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140</b>	Mailing Address <b>2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140</b>
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**94024238**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02152004 Chg-P CR2E034 (10/03)

4. FEI Number <b>56-2314167</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>WASSERMAN, MARTIN W 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent Name <b>WASSERMAN, MARTIN, W, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>960 - 41 ST STREET</b> <b>#206</b> City <b>MIAMI BEACH, FL</b> Zip Code <b>33140</b>

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 M. W. Wasserman (MARTIN W. WASSERMAN) DATE 02/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WASSERMAN, MARTIN W 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WASSERMAN, SEYMOUR A 2363 N. MERIDIAN AVE MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WASSERMAN, DEBORAH Z 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140</b> <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
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)(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 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: M. W. Wasserman, P (M.W. WASSERMAN, Pres) DATE 02/21/04 DAYTIME PHONE # 305-672-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR