

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134169

Entity Name: SWAMI'S INTERNATIONAL INC.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

16497 N.W. 49 AVE.
HIALEAH, FL 33014

New Principal Place of Business:

3890 NW 132 ND STREET
BAY F
OPA-LOCKA, FL 33054

Current Mailing Address:

16497 N.W. 49 AVE.
HIALEAH, FL 33014

New Mailing Address:

3890 NW 132 ND STREET
BAY F
OPA-LOCKA, FL 33054

FEI Number: 76-0721678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARJOON, ROOPCHAN
1980 N.E. 173RD ST.
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARJOON, ROOPCHAN
Address: 1980 N.E. 173RD ST.
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD () Delete
Name: ARJOON, NARINDRA
Address: 1980 N.E. 173RD ST.
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROOPCHAN ARJOON

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date