2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053400

Address: City-St-Zip:

DELRAY BEACH, FL 33445

FILED Apr 21, 2004 Secretary of State

Entity Name: RSW ASSET MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 4302 SW 107TH WAY 2700 WEST CYPRESS CREEK RD. DAVIE, FL 33328 SUITE A106 FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 4302 SW 107TH WAY 2700 WEST CYPRESS CREEK RD. SUITE A106 DAVIE, FL 33328 FORT LAUDERDALE, FL 33309 FEI Number: 75-3115122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WANG, ERIC L STEIN, SEAN T 6950 CYPRESS ROAD #208-15 2700 WEST CYPRESS CREEK RD. PLANTATION, FL 33317 SUITE A106 FORT LAUDERDALE, FL 33309 US 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: SEAN T. STEIN 04/21/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RESCIGNO, GEORGE W Name: Name: 4302 SW 107 WAY Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: WANG, ERIC L Name: 6950 CYPRESS ROAD #208-15 Address: Address: PLANTATION, FL 33317 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STEIN, SEAN T Name: Name: 4675 HAMMOCK CIRCLE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: SEAN T. STEIN S 04/21/2004