2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000058457

City-St-Zip:

MIAMI, FL 33180

FILED Oct 29, 2004 Secretary of State

Entity Name: S&W ENTERPRISE, INC. **Current Principal Place of Business: New Principal Place of Business:** 20291 NE 30TH AVENUE SUITE 115 MIAMI, FL 33180 **Current Mailing Address: New Mailing Address:** 20291 NE 30TH AVENUE SUITE 115 MIAMI, FL 33180 FEI Number: 65-0872279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STORCHEVOY, LEONARD ESQ 13899 BISCAYNE BLVD SUITE 109 NORTH MIAMI BEACH, FL 33181 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SUSHKO, GALINA Name: Name: 20291 NE 30TH AVENUE SUITE 115 Address: Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: Title: VD Title: () Change () Addition () Delete WALKOWSKI, SERG Name: Name: 20291 NE 30TH AVENUE SUITE 115 Address: Address: MIAMI, FL 33180 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SUSHKO, VIKTOR Name: Name: 20291 NE 30TH AVENUE SUITE 115 Address: 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: GALINA SUSHKO PD 10/29/2004