

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059080

Entity Name: SOUTHWEST 4 HOUSING, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

18495 S DIXIE HWY STE130
MIAMI, FL 33157

New Principal Place of Business:

18495 S DIXIE HWY
SUITE 130
MIAMI, FL 33157

Current Mailing Address:

18495 S DIXIE HWY STE130
MIAMI, FL 33157

New Mailing Address:

18495 S DIXIE HWY
SUITE 130
MIAMI, FL 33157

FEI Number: 32-0081658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLEMAGNE, ILFRENISE
17521 SW 73 CT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

CHARLEMAGNE, ILFRENISE
18495 S DIXIE HWY
130
MIAMI, FL 33157 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:

05/01/2007

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:

Title: PD () Delete
Name: CHARLEMAGNE, ILFRENISE
Address: 17521 SW 73 CT
City-St-Zip: PALMETTO BAY, FL

Title: S () Delete
Name: ILFRENISE, STEPHEN
Address: 17521 SW 73 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHARLEMAGNE, ILFRENISE
Address: 18495 S DIXIE HWY SUITE 130
City-St-Zip: MIAMI, FL 33157

Title: S (X) Change () Addition
Name: ILFRENISE, CHARLEMAGNE
Address: 18495 S DIXIE HWY 130
City-St-Zip: MIAMI, FL 33157

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: ILFRENISE CHARLEMAGNE

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date