




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90563 020 ***150.00

DOCUMENT # P03000108965 1. Entity Name SWISS COMFORT, INC.					
Principal Place of Business 13615 S. DIXIE HWY. SUITE 111 MIAMI, FL 33180			Mailing Address 9021 SW 94TH ST. #707 MIAMI, FL 33176		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 13615 S. Dixie Hwy. Suite 111 Miami, Florida 33176			
4. FEI Number 20-0472287 APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE. STE. 200 TALLAHASSEE, FL 32302			7. Name and Address of New Registered Agent Name Roman Jann Street Address (P.O. Box Number is Not Acceptable) 13615 S. Dixie Hwy, Ste. 111 City Miami FL Zip Code 33176		
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:  DATE: 4-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANN, RAMON APDO 1180-1250 ESCAZU COSTA RICA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jann, Roman APDO 1180-1250 ESCAZU COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINEBRUNNER, FELIX 1310 CAMBIA DRIVE #6214 SCHAUMBURG, IL 60193	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/ST GARNICK, Roy APDO 10725-1000 SANJOSE COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARNIER, ROY APDO 10725-1000 SAN JOSE COSTA RICA, RI COSTA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/ST GARNICK, Roy APDO 10725-1000 SANJOSE COSTA RICA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ROMAN JANN			Date: 4-13-05 Daytime Phone #: (305)232-4738		