


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90072 005 ***150.00

| | | | |
|---|-----------------------------------|---|---|
| DOCUMENT # P04000032745 | |  | |
| 1. Entity Name DSWC GROUP INC | | Principal Place of Business 1166 SW 12 STREET BOCA RATON FL 33486 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1166 SW 12 STREET BOCA RATON FL 33486 | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent REITANO, ANTHONY J CPA 400 S DIXIE HIGHWAY 128 BOCA RATON FL 33432 | | 7. Name and Address of New Registered Agent Name: BOGUS, CHARLES E Street Address (P.O. Box Number is Not Acceptable): 1166 SW 12 STREET City: BOCA RATON FL Zip Code: 33486 | |
| 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: <i>Charles E. Bogus</i> | | DATE: <i>2/18/05</i> | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOGUS, CHARLES E | NAME | |
| STREET ADDRESS | 1166 SW 12 STREET | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | NAME | |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |



1st MOORE CR2E034 (10/04)

4. FEI Number: 20-0748675 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: *Charles E. Bogus* CHARLES E. BOGUS DATE: *2/18/05* X 561 338-3449 DAYTIME PHONE #