## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000051888

Name:

Address: City-St-Zip: TEJADA, ELIZABETH

550 NE 61 ST

MIAMI, FL 33137

Entity Name: STREET WISE MARKETING GROUP, INC.

FILED Feb 02, 2007 Secretary of State

Littly Nai	ile. STREE	T WISE WARRETING GROOF, I	IVC.		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
405 NE 144 ST N. MIAMI, FL 33161			12355 NE 13TH AVE 302 N. MIAMI, FL 33161		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
405 NE 14 N. MIAMI, I			12355 NE 13TH AVE 302 N. MIAMI, FL 33161	Ε.	
FEI Number:	: 16-1696900	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MILFORT, IVES JR. 405 NE 144 ST N. MIAMI, FL 33161 US			12355 N.É. 13TH AV 302	MILFORT, IVES JR. 12355 N.E. 13TH AVE. 302 N. MIAMI, FL 33161 US	
The above in the State	named entit e of Florida.	y submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				02/02/2007	
Election Car		onic Signature of Registered Ageing Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP MILFORT, IV 405 NE 144 N. MIAMI, FL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV MILFORT, TI 405 NE 144 N. MIAMI, FL	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DST	( ) Delete	Title:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: MILFORT IVES DP 02/02/2007