

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142650

FILED
Jan 27, 2009
Secretary of State

Entity Name: SW19, INC.

Current Principal Place of Business:

IMG CENTER - SUITE 100
1360 EAST 9TH STREET
CLEVELAND, OH 44114

New Principal Place of Business:

C/O MAI; 1360 EAST 9TH STREET
SUITE 1100
CLEVELAND, OH 44114

Current Mailing Address:

IMG CENTER - SUITE 100
1360 EAST 9TH STREET
CLEVELAND, OH 44114

New Mailing Address:

C/O MAI; 1360 EAST 9TH STREET
SUITE 1100
CLEVELAND, OH 44114

FEI Number: 20-1794356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHARAPOVA, MARIA
Address: 1360 EAST 9TH STREET #1100
City-St-Zip: CLEVELAND, OH 44114

Title: V () Delete
Name: SHARAPOV, YURIY
Address: 1360 EAST 9TH STREET #1100
City-St-Zip: CLEVELAND, OH 44114

Title: ST () Delete
Name: SHARAPOVA, YELENA
Address: 1360 EAST 9TH STREET #1100
City-St-Zip: CLEVELAND, OH 44114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YELENA SHARAPOVA

ST

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date