
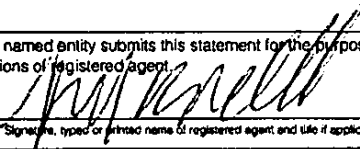



**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

<b>DOCUMENT # P04000165856</b> 1. Entity Name <b>SWINT-ELITE CORPORATION</b>		 FILED 08 NOV 20 PM 12:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 15000 46 LANE SOUTH WELLINGTON, FL 33414 US		Mailing Address 15000 46 LANE SOUTH WELLINGTON, FL 33414 US	
2. Principal Place of Business - No P.O. Box # <b>5296 BOCA MARINA CIRCLE SOUTH</b> Suite, Apt. #, etc.		3. Mailing Address <b>5296 BOCA MARINA CIRCLE SOUTH</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33487</b>		Zip <b>33487</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1986141</b>		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 <b>LEYVA, JORGE A</b> 15000 46 LANE SOUTH WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name <b>HOWARD B. MADR</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 W. HALLANDALE BEACH BLVD.</b> City <b>HALLANDALE BEACH FL</b> Zip Code <b>33009</b>	
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 <b>11/17/08</b>	
*Signatures, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$81.25		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	P LEYVA, JORGE A 15000 46 LANE SOUTH WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD W. MADR 5296 BOCA MARINA CIRCLE SOUTH BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEANE GIMBEL 5296 BOCA MARINA CIRCLE SOUTH BOCA RATON, FLORIDA 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE: <b>11/17/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <b>201 538-7899</b>	

11/21/08