

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000013447

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Entity Name:** SWISSJUST CORP.

**Current Principal Place of Business:**

8125 NW 33RD STREET  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

8125 NW 33RD STREET  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 76-0693372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA-LINARES, MANUEL A. ESQ.  
201 S. BISCAYNE BLVD., 10TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

GARCIA-LINARES, MANUEL A. ESQ.  
201 S. BISCAYNE BOULEVARD  
SUITE 1000  
MIAMI, FL 33131 US

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

04/05/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MIZRAHI, SALOMON  
Address: 8125 NW 33RD STREET  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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.

SIGNATURE: SALOMON MIZRAHI

D

04/05/2007

Electronic Signature of Signing Officer or Director

Date