2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

DOCUM	IFNT #	P05000	1092059			

1. Entity Name

SOUTHWEST AUTO BROKERS, INC.



Principal Place of Business

1518 SOUTHWEST 53RD TERRACE CAPE CORAL, FL 33914

Mailing Address

1518 SOUTHWEST 53RD TERRACE CAPE CORAL, FL 33914



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3092018

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPAC

SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE

	named entity submits this statement for the points of registered agent	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida.	am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	d Agent signature	required when reinstating)	D.	ATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	0000009169 05/13/08-8002	347 21-017 15	0.00
10.	OFFICERS AND DIREC	CTORS	<u> </u>		Calibra Mar	night of the same	54 T 34
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DPT NEIDIGH, ROGER 1518 SOUTHWEST 53RD TERRACE CAPE CORAL. FL 33914						
TITLE NAME STREET ADDRESS CITY- ST-ZIP	S DONNER, RICHARD A 1518 SOUTHWEST 53RD TERRACE CAPE CORAL, FL 33914						
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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PROJECTO

421108 239-772-4723

KOPEK NEIDIFF