

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050270

Entity Name: SWASH FARM, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

21700 S.W. 252ND. STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

18850 SW 360TH. STREET
FLORIDA CITY, FL 33034

Current Mailing Address:

21700 S.W. 252ND. STREET
HOMESTEAD, FL 33031

New Mailing Address:

18850 SW 360TH. STREET
FLORIDA CITY, FL 33034

FEI Number: 20-4668773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OPTIMUM TAX SERVICES, INC.
3081 SW, 156TH AVE
MIAMI, FL 33085 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: RAOLJI, MAHENDRA G
Address: 21700 S. W. 252ND. STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: VP/S () Delete
Name: RAOLJI, PRAFULAKU M
Address: 21700 S. W. 252ND. STREET
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: RAOLJI, MAHENDRA G
Address: 18850 SW 360TH. STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP/S (X) Change () Addition
Name: RAOLJI, PRAFULAKU M
Address: 18850 SW 360TH. STREET
City-St-Zip: FLORIDA CITY, FL 33034

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: MAHENDRA G. RAOLJI

P/T

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date