
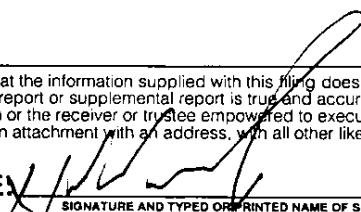


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 002 ***150.00

DOCUMENT # P06000064777					
1. Entity Name SWAT ELECTRONICS CORP					
Principal Place of Business 7901 SW 6CT SUITE 475 PLANTATION, FL 33324			Mailing Address 7901 SW 6CT SUITE 475 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number 020777108	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAMAN, SHIMON 7901 SW 6CT SUITE 475 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name <u>SHIMON MAMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>7901 SW 6 CT, Suite 475</u> City <u>PLANTATION</u> FL <u>33324</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 MAMAN, SHIMON 7901 SW 6 CT, SUITE 475 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARROQUIN, WILFREDO 7901 SW 6 CT, SUITE 475 PLANTATION, FL 33324		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	
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 <u>954-4758230</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT
40119299
Division of Corporations

Annual Report

Annual Report Help

Document Number

P06000064777

Business Entity Name

SWAT ELECTRONICS CORP

FEI Number

020777108

FEI Number Status

Listed Above Applied For Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address 7901 SW 6CT
Suite, Apt. #, etc. SUITE 475
City, State PLANTATION , FL
Zip Code & Country 33324

Mailing Address

Address 7901 SW 6CT
Suite, Apt. #, etc. SUITE 475
City, State PLANTATION , FL
Zip Code & Country 33324

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MAMAN , SHIMON ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 7901 SW 6CT
Suite, Apt. #, etc. SUITE 475
City, State PLANTATION , FL
Zip Code & Country 33324 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40119299

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) MAMAN , SHIMON , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7901 SW 6 CT, SUITE 475
City, State PLANTATION , FL
Zip Code & Country 33324 US

Title VP
Name (Last, First, Middle, Title) MARROQUIN , WILFREDO , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7901 SW 6 CT, SUITE 475
City, State PLANTATION , FL
Zip Code & Country 33324 US

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State ,
Zip Code & Country

Title

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#PC6000064777

Division of Corporations

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Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an
entity named above must type their name in the "Officer/Director
Signature" block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be
made with the full knowledge and permission of the individual, otherwise it constitutes
perjury under s.31.06, Florida Statutes. The individual "signing" this document affirms that
the facts stated herein are true.

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