FILED
Jun 18, 2007 8:00 am
Secretary of State

05-21-2007 90053 025 ***150.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000101554

1. Entity Name
Swan International

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2. Principal Place of Business	3. Mailing Address
2540 SW 7th ave	2540 SW 7 ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. FEI Number: EIN 20-5335513 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Patricia Velazquez, President, Treasurer	NAME	
STREET ADDRESS	2540 SW 7ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Carla Lopez, VP, Secretary	NAME	
STREET ADDRESS	2540 SW 7ave	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Velazquez 5-14-07 305-300-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #