FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90172 025 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032852

1. Entity Name
Swedeire, Inc.

DO NOT WRITE IN THIS SPACE

11009676

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2. Principal Place of Business	3. Mailing Address
305 SE 4th Ter	305 SE 4th Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dania Bch FL	City & State: Dania Bch FL
Zip: 33004 Country: US	Zip: 33004 Country: US

4. FEI Number: 65-0408507 ☐ 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: 305 SE 4th Ter
Street Address (P.O. Box Number is Not Acceptable)
Dania Bch FL 33004
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Bergljung Patricia R
STREET ADDRESS	305 SE 4th Ter
CITY-ST-ZIP	Dania Bch FL 33004
TITLE	D
NAME	Bergljung Patricia R
STREET ADDRESS	305 SE 4th Ter
CITY-ST-ZIP	Dania Bch FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Patricia Ryan-Bergljung M. PATRICIA RYAN-BERGLJUNG 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #