

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90098 018 ***150.00

DOCUMENT # P93000064712

1. Entity Name
SOUTHWESTERN REGIONAL SALES COMPANY



Principal Place of Business

**12920 S.W. 122ND ST.
MIAMI, FL 33186**

Mailing Address

**P.O. BOX 165054
MIAMI, FL 33116-5054**

40106153



DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0433355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WITLIN, BARRY E
2800 BISCAYNE BLVD.
STE. 900
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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

Barry Witlin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS ~~\$880.00~~ 150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CROSS, MICHAEL J
4360 BLUE BIRD COURT
GURNEE, IL 60031**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Cross

Date

Daytime Phone #

4-30-07 305-255-7783