

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90152 025 ***150.00

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DOCUMENT # P94000065886

1. Entity Name
SWANEY & ASSOCIATES OF FLORIDA, INC.



Principal Place of Business 4675 PONCE DE LEON BLVD SUITE 305 MIAMI FL 33146 US	Mailing Address 4675 PONCE DE LEON BLVD STE 305 MIAMI FL 33146 US
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2. Principal Place of Business <i>2199 Ponce de Leon Blvd</i> Suite, Apt. #, etc. <i>Suite 301</i> City & State <i>Coral Gables FL</i>	3. Mailing Address <i>2199 Ponce de Leon Blvd</i> Suite, Apt. #, etc. <i>Suite 301</i> City & State <i>Coral Gables FL</i>
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CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0522675	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STINSON, LOUIS JR
4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: *Stewart April Services*
Street Address (P.O. Box Numbers Not Acceptable): *2199 Ponce de Leon Blvd*
Suite 301
City: *Coral Gables* **FL** Zip Code: *33134*

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]* *manager* (NOTE: Registered Agent signature required when reinstating)
DATE: *3/28/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P <input type="checkbox"/> Delete
NAME	SWANEY, STEPHEN K
STREET ADDRESS	4675 PONCE DE LEON BLVD #305
CITY-ST-ZIP	MIAMI FL 33146
TITLE	S <input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR
STREET ADDRESS	4675 PONCE DE LEON BLVD #305
CITY-ST-ZIP	MIAMI FL 33146
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Swaney Stephen K</i>
STREET ADDRESS	<i>2199 Ponce de Leon Blvd</i>
CITY-ST-ZIP	<i>Coral Gables FL 33134</i>
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Stinson, Louis Jr</i>
STREET ADDRESS	<i>2199 Ponce de Leon Blvd</i>
CITY-ST-ZIP	<i>Coral Gables FL 33134</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Swaney* **STEPHEN SWANEY PRESIDENT** *4/6/03* *202 352 3262*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)