2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000089667

1. Entity Name
SOUTH WIND APARTMENTS OF DADE, INC.

Principal Place of Business	Mailing Address
C/O SWEZY REALTY, INC. 168 HIALEAH DR HIALEAH, FL 33010	5709 W 158 STREET MIAMI LAKE, FL 33014

DO NOT WRITE IN THIS SPACE

04262007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0559734	X	Not Applicable
5. Certificate of Status Desired		$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEZY, RUBY S
168 HIALEAH DR
HIALEAH, FL 33010

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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 _____

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

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SWEZY, RUBY S
STREET ADDRESS	168 HIALEAH DR
CITY-ST-ZIP	HIALEAH, FL 33010

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/07-80007-004 158.75

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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: _____   4/27/07   305-121-0330

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

Lewis Swezy