

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90029 014 \*\*\*150.00

**DOCUMENT # P95000008935**

1. Entity Name  
**SWERDLIN ASSOCIATES INC.**



Principal Place of Business  
**AMTEC CENTER  
6421 CONGRESS AVE. SUITE 207  
BOCA RATON, FL 33487-2859**

Mailing Address  
**AMTEC CENTER  
6421 CONGRESS AVE. SUITE 207  
BOCA RATON, FL 33487-2859**

**60000737**



01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0554464**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWERDLIN, EDWARD  
10675 STONEBRIDGE BLVD  
BOCA RATON, FL 33498**

Name **Swerdlin, Edward**

Street Address (P.O. Box Number is Not Acceptable)

**2902 Calabria Way**

City **Delray Beach**

**FL**

Zip Code **33445**

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

*Edward M. Swerdlin*  
Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/4/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete  
NAME **SWERDLIN, EDWARD M**  
STREET ADDRESS **6421 CONGRESS AVE. SUITE 207**  
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **President** ☒ Change ☐ Addition  
NAME **Swerdlin, Edward M.**  
STREET ADDRESS **6421 Congress Ave. Suite 207**  
CITY-ST-ZIP **Boca Raton FL 33487-2859**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edward M. Swerdlin*  
**Edward M. Swerdlin**

**1/5/06**  
Date

**561 9945886**  
Daytime Phone #