FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P96000050048 (3) **DOCUMENT #**1. Corporation Name

SMW CONSULTING, INC.

Principal Place of Business	Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



18917 OAKLAND HILLS DRIVE 18917 OAKLAND HILLS DRIVE MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 65-0680861 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOODALL, SYLVIA M 18917 OAKLAND HILLS DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33015 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE WOODALL, SYLVIA M NAME 1.2 NAME 18917 OAKLAND HILLS DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE DIAMOND, AMY 2755 VERNON ROAD DIAMOND, AMY 2.2 NAME NAME 25504 COREJOVIEW DR 2.3 STREET ADDRESS STREET ADDRESS Sinta Box bana, CA. 93105 AGOURA HILLS CA CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-7IP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, out if an attachment with an address.