

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P96000050048**

1. Entity Name  
SMW CONSULTING, INC.



Principal Place of Business  
18917 OAKLAND HILLS DRIVE  
MIAMI, FL 33015

Mailing Address  
18917 OAKLAND HILLS DRIVE  
MIAMI, FL 33015

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

WOODALL, SYLVIA M  
18917 OAKLAND HILLS DRIVE  
MIAMI, FL 33015

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

Delete

TITLE: DPS  
NAME: WOODALL, SYLVIA M  
STREET ADDRESS: 18917 OAKLAND HILLS DRIVE  
CITY-ST-ZIP: MIAMI, FL 33015

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

Change     Addition

Delete

TITLE: VPD  
NAME: DIAMOND-BROWER, AMY  
STREET ADDRESS: 203A 6TH STREET  
CITY-ST-ZIP: SAINT AUGUSTINE, FL 32080

Change     Addition

Delete

TITLE: S  
NAME: DIAMOND, HEATHER  
STREET ADDRESS: 18917 OAKLAND HILLS DRIVE  
CITY-ST-ZIP: HIALEAH, FL 33015

Change     Addition

Delete

TITLE: T  
NAME: DIAMOND, JUSTIN  
STREET ADDRESS: 18917 OAKLAND HILLS DRIVE  
CITY-ST-ZIP: HIALEAH, FL 33015

Change     Addition

Delete

TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:

Change     Addition

Delete

TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:

Change     Addition

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:** *Sylvia M. Woodall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-28-05 305-829-0434*

Date

Daytime Phone #

**FILED  
Feb 03, 2005 8:00 am  
Secretary of State**

02-03-2005 90047 010 \*\*\*150.00

**50010190**



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0680861	Applied For Not Applicable
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5. Certificate of Status Desired     \$8.75 Additional  
Fee Required

6. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code