## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P97000069433 1. Entity Name 04-26-2004 90504 047 \*\*\*150 00 SWISS SUPPLY DIRECT, INC. Principal Place of Business Mailing Address 999 BRICKELL AVENUE 999 BRICKELL AVENUE #500 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address N.E. 785 N.E. Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State NORTH MAMI. 4. FEI Number Applied For NORTH MIAMI 65-0775741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NACHLAS, REBECCA NACHEAS, REBECCA -- \* 999 BRICKELL AVENUE #500 **MIAMI FL 33131** SYNRTH MIANI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE president ☐ Delete ☐ Addition FRANKS, MELVYN FRANKS, MELVYN NAME NAME STREET ADDRESS 999 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IP North Miam FL 33181 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED

Daytime Phone #