


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90504 047 ***150.00

DOCUMENT # P97000069433

1. Entity Name
SWISS SUPPLY DIRECT, INC.



Principal Place of Business
999 BRICKELL AVENUE #500 MIAMI FL 33131

Mailing Address
999 BRICKELL AVENUE #500 MIAMI FL 33131

2. Principal Place of Business
1785 N.E. 123rd St.

3. Mailing Address
1785 N.E. 123rd Street

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL 33181


City & State
NORTH MIAMI, FL

Zip
33181

Country
USA

Zip
33181

Country
USA



MOORE CR2E034 (11/03)

4. FEI Number
65-0775741

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~NACHLAS, REBECCA~~
~~999 BRICKELL AVENUE #500 MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
NACHLAS, REBECCA

Street Address (P.O. Box Number is Not Acceptable)
1785 N.E. 123rd Street

City
NORTH MIAMI

FL Zip Code
33181

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 Rebecca Nachlas DATE 4-22-04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 P	FRANKS, MELVYN	TITLE PRESIDENT	
NAME	FRANKS, MELVYN	NAME	FRANKS, MELVYN
STREET ADDRESS	999 BRICKELL AVENUE	STREET ADDRESS	1785 N.E. 123 rd Street
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	North MIAMI, FL 33181
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rebecca Nachlas Date 4-22-04 Daytime Phone # 305-379-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR