

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90014 010 ***150.00

DOCUMENT # P99000055552

1. Entity Name
SWEN ENTERTAINMENT, INC.



Principal Place of Business
**4100 N.E. 2ND AVENUE, SUITE 208
MIAMI, FL 33137**

Mailing Address
**4100 N.E. 2ND AVENUE, SUITE 208
MIAMI, FL 33137**

40094317



2. Principal Place of Business
1111 Lincoln Rd.

3. Mailing Address
1111 Lincoln Rd.

Suite, Apt. #, etc.
400

Suite, Apt. #, etc.
400

05232006 Chg-P CR2E034 (11/05)

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number
65-0927896

Applied For
Not Applied

Zip
33139

Country
USA

Zip
33139

Country
USA

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

**LIPNIK, DAVID
4100 N.E. 2ND AVENUE, SUITE 208
MIAMI, FL 33137**

Name
Nathalie Lipnik

Street Address (P.O. Box Number is Not Acceptable)
1111 Lincoln Rd

Suite 400

City
Miami Beach

FL

Zip Code
33139

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

05/15/06

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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LIPNIK, DAVID
555 N.E. 34TH STREET, APT. #203
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LIPNIK, DAVID
8101 N. Bayshore Dr.
Miami, FL 33138** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LIPNIK, NATHALIE
555 N.E. 34 STREET, APT. #203
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LIPNIK, Nathalie
8101 N. Bayshore Dr.
Miami, FL 33138** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LIPNIK, ELIEZER
508 NE 199 TR
NORTH MIAMI BEACH, FL 33179** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: