
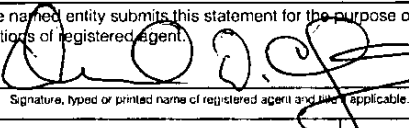
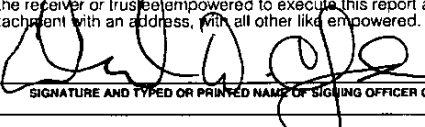


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90028 006 ***150.00

DOCUMENT # P99000065797 1. Entity Name SWAMPTEK CORPORATION			
Principal Place of Business 17994 S. W. 97 AVE SUITE 102 MIAMI, FL 33157		Mailing Address 17994 S. W. 97 AVE SUITE 102 MIAMI, FL 33157	
2. Principal Place of Business 9743 S.W. 213 TERR Suite, Apt. #, etc.		3. Mailing Address 9743 S.W. 213 TERR Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33189		City & State MIAMI, FL Zip 33189	
Country U.S.		Country U.S.	
4. FEI Number 65-0943416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAZIN, DAVID D 17994 SW 97 AVE STE 102 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name CHAZIN, DAVID D Street Address (P.O. Box Number is Not Acceptable) 9743 S.W. 213 TERR City MIAMI State FL Zip Code 33189	
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:  PRESIDENT DATE: 1/23/05 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAZIN, DAVID 17994 SW 97 AVE., SUITE 102 MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAZIN, DAVID 9743 S.W. 213 TERR MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  PRESIDENT DATE: 1/23/05		Daytime Phone # (305) 259-4831	

50006995



01232005 Chg-P CR2E034 (10/03)