

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S33735

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** THE BIG CHILL OF THE SWAP SHOP, INC.

**Current Principal Place of Business:**

3291 W. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2090 NW 94TH WAY  
SUNRISE, FL 333221 US

**New Mailing Address:**

**FEI Number:** 65-0244692      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARNARRINE, SAVITRI  
2090 NW 94TH WAY  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARNARRINE, SAVITRI  
Address: 2090 NW 94TH WAY  
City-St-Zip: SUNRISE, FL 33322 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAVITRI HARNARRINE

MGR

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date