2008 FOR PROFIT CORPORATION ANNUAL REPORT

07-17-2008 90061 030 ***150.00



1. Entity Name MY SWEE Principal Place 11312 SW 20 MIAMI, FL 33	er HOME, INC. of Business 3 TERR. 189 ace of Business - No P.O. Box #	Mailing Address 11312 SW 203 TERR. MIAMI, FL 33189 3. Mailing Address Suite, Apt. #, etc.				08 OCT	27 Phil2: 48 ARY OF STATASSEE, FLORI	ĎA
City & State		City & State		4. FEI Number 65-0311			Applied For Not Applicable	
Zîp	Country	Zip	Country	,	5. Certificate o	of Status Desired	5 □ \$8.75 A Fee Requi	
6. Name and Address of Current Registered Agen				N	7. Name and	Address of New	Registered Agent	
CASTELLANOS, MARIA				Name				
11312 SW				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33189 🥞					•		
•				City	FL Zip Code			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regarded Agent signature required when reinstating) PILE NOWIII FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	ORS 11.		ADDITIONS/0	HANGES TO O	FFICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERDURA, MARIA 11312 SW 203 TERR.		TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	MA STI		TITLE NAME STREET CITY-S	ADDRESS it-zip			Change	e Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	N S		TITLE NAME STREET CITY-S	ADORESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAO Str		TITLE NAME STREET CITY-S	ADIORESS ST-ZIP			Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	NAI STF		TITLE NAME STREET CITY-S	I ADDRESS SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CALY-SI-ZIP	certify that the information supplied wit	Details	CITY-S		d in Chapter 119	Florida Statute	Change	

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this gepon to supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation on the receiver or trustee empowered be 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 afteroment with an address, with alfother like empowered.

CNATURE

SIGNATURE

ALLA JUSTINA DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/13/08 786-412-1110 Date Departe Proper