


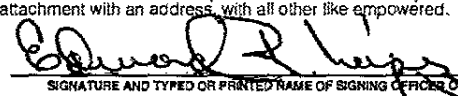


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V42711 1. Entity Name SWISS GROUP, LTD. INC.			
Principal Place of Business 3910 S.W. 5TH TERRACE MIAMI, FL 33134-2039 US		Mailing Address P.O. BOX 144962 CORAL GABLES, FL 33114-4962 US	
			
		04272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0335937	
6. Name and Address of Current Registered Agent LOPEZ, EDWARD R. 4441 S.W. 13 TERRACE MIAMI, FL 33134-2728		Applied For <input type="checkbox"/> Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CEOP LOPEZ, EDWARD R. 3910 SW 5 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSTD RODRIGUEZ, MARITZA 3910 SW 5 TERRACE MIAMI, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	