


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90052 023 \*\*\*150.00

DOCUMENT # P98000004186  
 1. Entity Name  
 THEODORE A. SWAEBE P.A.



Principal Place of Business  
 1215 SOUTHWEST 7TH STREET  
 MIAMI, FL 33135 US

Mailing Address  
 1215 SOUTHWEST 7TH STREET  
 MIAMI, FL 33135 US

2. Principal Place of Business  
 2260 SW 8th.  
 Suite, Apt. #, etc. 305

3. Mailing Address  
 2260 SW 8th.  
 Suite, Apt. #, etc. 305

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip 33135 Country

Zip 33135 Country

01312004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0777494

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 SWAEBE, THEODORE A  
 1215 SOUTHWEST 7TH STREET  
 MIAMI, FL 33135

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWAEBE, THEODORE A	
STREET ADDRESS	1215 SOUTHWEST 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Theodore A. Swaebe, Pres. 1/31/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #