

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 347831

FILED
May 02, 2005
Secretary of State

Entity Name: SURREY'S OF FLORIDA, INC.

Current Principal Place of Business:

5125 N.W. 77TH AVENUE
MIAMI, FL 33166

New Principal Place of Business:

5404 NW 72ND AVENUE
MIAMI, FL 33166

Current Mailing Address:

5125 N.W. 77TH AVENUE
MIAMI, FL 33166

New Mailing Address:

5404 NW 72ND AVENUE
MIAMI, FL 33166

FEI Number: 59-1290162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIEKMAN, STEVEN
5125 N.W. 77TH AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

SHIEKMAN, STEVEN
5404 NW 72ND AVENUE
MIAMI, FL 33166 US

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:

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SHIEKMAN, STEVEN,
Address: 5255 COLLINS AVE UNIT 10C
City-St-Zip: MIAMI BEACH, FL

Title: DV () Delete
Name: BLOCK, MICHAEL,
Address: 9041 SW 85TH ST
City-St-Zip: MIAMI, FL 00000,

Title: DV () Delete
Name: KIICK, FRANK,
Address: 10170 COLLINS AVE #8
City-St-Zip: MIAMI BEACH, FL

Title: DV () Delete
Name: SHIEKMAN, JOHN,
Address: 960 SW 93RD AVE.
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN SHIEKMAN

PD

05/02/2005

Electronic Signature of Signing Officer or Director

Date