


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H28716 1. Entity Name SURFSIDE ENTERPRISES USA INC.					
Principal Place of Business 902 NE 25TH AVE HALLANDALE BEACH FL 33009 US		Mailing Address 902 NE 25TH AVE HALLANDALE BEACH FL 33009 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2623959	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSS, MARK A 902 NE 25TH AVE HALLANDALE BEACH FL 33009			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete GROSS, MARK A.		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME GROSS, MARK A.	STREET ADDRESS 902 NE 25TH AVE		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS 04/11/06-80020-014 150.00	
STREET ADDRESS HALLANDALE BEACH FL 33009	CITY-ST-ZIP HALLANDALE BEACH FL 33009		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE VTS	<input type="checkbox"/> Delete GROSS, GLORIA V.		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME GROSS, GLORIA V.	STREET ADDRESS 902 NE 25TH AVE		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS HALLANDALE BEACH FL 33009	CITY-ST-ZIP HALLANDALE BEACH FL 33009		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
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CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 MARK A GROSS 3/23/06 954 295 0091