



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2623959 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GROSS, MARK A 902 NE 25TH AVE HALLANDALE BEACH FL 33009			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, MARK A.	NAME		1101000681512	
STREET ADDRESS	902 NE 25TH AVE	STREET ADDRESS		04/04/07-80046-012 158.75	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	CITY- ST- ZIP			
TITLE	VTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, GLORIA V.	NAME			
STREET ADDRESS	902 NE 25TH AVE	STREET ADDRESS			
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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		3/25/07 954-295-0094	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	