## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Fee Required

DOCUMENT # L69209
1. Entity Name
SOUTH FLORIDA SURF, INC.



Principal Place of Business

16231 BISCAYNE BLVD N MIAMI BCH, FL 33160 US Mailing Address

16231 BISCAYNE BLVD N MIAMI BCH, FL 33160

US



DC	NOT	WRITE	INI	PILLT	SDA	CE
	INCL	VVKIIF	114	1013	JEM	

01172007 No Chg-P		CR2E034 (11/05)			
4. FEI Number	·		Applied For		
65-0189	9070		Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional		

6. Name and Address of Current Registered Agent

PAYNE, SCOTT 20145 N.E. 3RD COURT APT. 7 MIAMI, FL 33179

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	if applicable (NOTE: Registers	ed Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	T		<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, SCOTT 20145 N.E. 3RD COURT, APT. 7 MIAMI, FL 33179				U00000594027 01/22/07-80056-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/22/07-80056-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SF-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 withy an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINCES NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

×305 944 0104

Daytime Phone #