

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0189070

Applied For
Not Applicable

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

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**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PAYNE, SCOTT
20145 N.E. 3RD COURT, APT. 7
MIAMI, FL 33179**

TITLE
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U000000789786
01/23/08-80007-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE: *Scott Payne* **SCOTT PAYNE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08
Date

x305 944 0104
Daytime Phone #