


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P97000085323  
 1. Entity Name  
 SURELINE INVESTMENTS, INC.



Principal Place of Business 7905 EMBASSY BLVD MIRAMAR, FL 33023	Mailing Address 7905 EMBASSY BLVD MIRAMAR, FL 33023
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0785671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAMES, WAYNE V  
 7905 EMBASSY BLVD  
 MIRAMAR, FL 33023

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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, 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	PT DAMES, WAYNE V 7905 EMBASSY BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, RONALD 445 NW 87 ST MIAMI, FL 33150
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 04/03/08-80062-004 150.00

**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: Wayne V Dames **WAYNE DAMES** 1/29/08 322-6388  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #