


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000030872**  
 1. Entity Name  
**SUROIL, INC.**



Principal Place of Business      Mailing Address  
 1825 PONCE DE LEON      PO BOX 14-4694  
 193      CORAL GABLES, FL 33114  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



04012004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0825188      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CORPORATION COMPANY OF MIAMI  
 201 S BISCAYNE BLVD  
 1600 MIAMI CENTER  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000111826  
 04/13/04-80035-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINEL DE SMITH, ROSA LILY R APARTADO 4 TEGUCIGALPA D.C., HONDURAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rosa Lily Smith    ROSA LILY RODRIGUES    8 APR 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

305-443-5100