


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000107720  
 1. Entity Name  
 ORLANDO SURF INC.



Principal Place of Business  
 4100 NORTH 28TH TERRACE  
 HOLLYWOOD, FL 33021

Mailing Address  
 4100 NORTH 28TH TERRACE  
 HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0885477

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, ADELE L  
 100 SE 3RD AVE  
 STE 1400  
 FORT LAUDERDALE, FL 33394

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MALINASKY, DORON
STREET ADDRESS	3159 N 34TH ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP
NAME	LEVY, ELIYAHU
STREET ADDRESS	13245 KEYSTONE ISLE DR
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	VP
NAME	ZISLIN, SHAUL
STREET ADDRESS	3170 NORTH 35TH ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000512878  
 04/29/06-80109-003 150.00

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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: *Doron Malinasky* Doron Malinasky 4/10/06 (954) 924-9779  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #