**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 210949** 1. Entity Name 04-12-2004 90647 007 \*\*\*150.00 SURENE BUILDERS, INC. Principal Place of Business Mailing Address 5385 PALM AVE. P.O. BOX 22546 P.O. BO 2546 PALM VILLAGE STATION HIALEAH FL 33002-2546 HIALEAH FL 33012-7546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0947994 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kurzweil, Alan ----KURZWEIL, ALAN Street Address (P.O. Box Number is Not Acceptable) 9591 SW 124 Terrace 8641 SW 84TH TERRACE **MIAMI FL 33143** Miami 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. 04-09-04 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΡ TITLE ☐ Delete TITLE VP-S-D K Change ☐ Addition KURZWEIL, JODI L. NAME NAME Kurzweil, Jodi Lynn 555 NE 34TH STREET, #2408 STREET ADDRESS STREET ADDRESS 2000 Island Blvd., #2603 CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP Aventura, FL 33160 VD ☐ Delete TITLE VPD Change ☐ Addition RICH, KING NAME NAME Rich, King STREET ADDRESS 900 BAY DRIVE #204 STREET ADDRESS 900 Bay Dr. #204 Miami Beach, FL 33141 CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP X Delete TITLE [-] Change X Addition KURZWEIL, JODI LYNN NAME --- --Kurzweil, Alan STREET ADDRESS 555 NE 34TH STREET, #2408 STREET ADDRESS 9591 SW 124 Terrace CiTY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP Miami: FL: 33176 \_\_\_\_ THE X Delete TITLE ☐ Change ☐ Addition KURZWEIL, JODI L. NAME NAME 555 NE 34TH ST #2408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ASD TITE ☐ Delete Change TITLE ☐ Addition OROVITZ, ESTA K. NAME Orovitz, Esta K. NAME 14020 SW 104TH PL STREET ADDRESS 14020 SW 104th Place STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33176</u> Delete TITLE AS ☐ Change **X** Addition KURZWEIL, ALAN NAME NAME Lozano, Barbara 8641 SW 84 TERRACE STREET ADDRESS STREET ADDRESS 10471 NW 130 Street MIAMI FL 33143 CITY-ST-7IP CITY-ST-ZIP Hialeah Gardens, FL 33018 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

305-822-9555 04-09-04 SIGNATURE: \_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #