2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000002610

1. Entity Name SURFSIDE PROPERTIES, INC.



FILED
Jan 22, 2004 08:00 AM
Secretary of State

Principal Place of Business

SIGNATURE:

C/O MENDIVE & ASSOC., INC. 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134 Mailing Address

C/O MENDIVE & ASSOC., INC. 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1520893 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed here of registered agent and life 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 7. Election Campaign Final Trust Fund Contribution.			ing D	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PELLETIER, JEAN C 250 CATALONIA AVE, #705 CORAL GABLES, FL 33134				
Title Name Street Address City-St-Zip					000000010047 01/22/04-80016-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN .	THIS SPACE
THLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AODRESS CHY-SI-ZIP					
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 cath; that I am an officer of director of the corporation or the receiver or tristee 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 all address, with all other like empowered.					