## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 08, 2007 08:00 AM **DOCUMENT # G27916 Secretary of State** 1. Entity Name SUROMAR CORP. Principal Place of Business Mailing Address 11325 OLD HARBOUR RD 11325 OLD HARBOUR RD NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 03022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 59-2334033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 0. Name and Address of Current Registered Agent BIBEAU, FERNAND R. DO NOT WRITE 11325 OLD HARBOUR RD NORTH PALM BEACH, FL 33408 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 Signature, typed or printed name of registered agent and Itia If applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10, OFFICERS AND DIRECTORS PD MILE NAME BIBEAU, FERNAND R. STREET ADDRESS 11325 OLD HARBOR RD. U00000660038 CITY-ST-ZIP NORTH PALM BEACH, FL 03/19/07-80010-n22 15n.dn TITLE NULE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 actings, with all other like empowered.

SIGNATURE: \_\_\_\_\_

NAME STREET ADDRESS CITY-ST-ZIP

EXCHATURE AND TYPED OR PRINTED HAME OF EXCHING OFFICER OR DIRECTOR

March 6/07 561-6

Davitra Phone II

**FILED** 

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