2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M99228

1. Entity Name
SURUSH, INC.

Principal Place of Business	Mailing Address
8801 JOHNSON ST	8801 JOHNSON ST.
PEMBROKE PINES, FL 33024 US	PEMBROKE PINES, FL 33024 US

DO NOT WRITE IN THIS SPACE

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0070485	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALEHI, HAMID R
8801 JOHNSON ST
PEMBROKE PINES, FL 33024

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_____

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, 2005 Fee will be $550.00

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

02/05/05-80029-008 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	P		
NAME	SALEHI, HAMID		
STREET ADDRESS	8801 JOHNSON ST.		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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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)(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.

SIGNATURE: _R. Saleh_   P.T   2/2/2005   (954) 801-685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #