

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007417	
1. Entity Name S.U.R.G.E., INC.	

Principal Place of Business 2420 NW 161 STREET MIAMI GARDENS FL 33054	Mailing Address 2420 NW 161 STREET MIAMI GARDENS FL 33054
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2. Principal Place of Business - No P.O. Box # 2420 NW 161 Street	3. Mailing Address 2420 NW 161 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

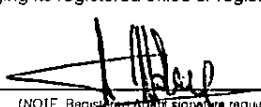
1st MOORE CR2E037 (10/06)

City & State MIAMI GARDENS	City & State MIAMI GARDENS
Zip 33054	Zip 33054
Country DADE	Country DADE

4. FEI Number 16-1706292	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSLEY, ARTIS 2420 NW 161 STREET MIAMI GARDENS FL 33054	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>ARTIS MOSLEY</u>  <u>03/18/2007</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MOSLEY, ARTIS STREET ADDRESS 2420 NW 161 STREET CITY-ST-ZIP MIAMI GARDENS FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000677227 03/30/07-80094-025 70.00	☐ Change ☐ Addition
TITLE VD NAME REYNOLDS, VERNELL STREET ADDRESS 1000 NW 62 STREET CITY-ST-ZIP MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE STD NAME REYNOLDS, PETER STREET ADDRESS 1000 NW 62 STREET CITY-ST-ZIP MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  <u>03/18/2007</u> <u>786 487 5206</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Debit Phone #
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