

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 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**



03032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1706292**

Applied For  
☒ Not Applicable

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**

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-07-2008**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000863061  
04/03/08-80077-005 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSLEY, ARTIS 2420 NW 161 STREET MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, VERNELL 1000 NW 62 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYNOLDS, PETER 1000 NW 62 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-07-2008 305-628 9004**

Date

Daytime Phone #