2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N07000000115

Entity Name: SURFSIDE BUSINESS ASSOCIATION, INC.,

Current Principal Place of Business:

9501 HARDING AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 54-6026
MIAMI BEACH, FL 331546026 US

New Mailing Address:

FEI Number: 02-0795393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOURGEMAN, ELI
9501 HARDING AVENUE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOURGEMAN, ELI
Address: P.O. BOX 54-6026
City-St-Zip: SURFSIDE, FL 331546026

Title: S ( ) Delete
Name: GOMEZ, CLAUDIA
Address: P.O. BOX 54-6026
City-St-Zip: SURFSIDE, FL 331546026

Title: T ( ) Delete
Name: YEDWAB, JASON B
Address: P.O. BOX 54-6026
City-St-Zip: SURFSIDE, FL 331546026

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: COTO, RUBEN
Address: P.O. BOX 54-6026
City-St-Zip: SURFSIDE, FL 331546026

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: AGUIRRE, ALBERTO
Address: P.O. BOX 54-6026
City-St-Zip: SURFSIDE, FL 331546026

Title: D ( ) Change (X) Addition
Name: HERMAN, DAVID
Address: P.O. BOX 54-6026
City-St-Zip: SURFSIDE, FL 331546026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELI TOURGEMAN P 06/15/2009

Electronic Signature of Signing Officer or Director — Date