

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90014 024 ***150.00

DOCUMENT # P00000109796

1. Entity Name

SURFACE SOLUTIONS, INC.



Principal Place of Business:

**4100 NORTH POWERLINE ROAD
Y-2
POMPANO BEACH FL 33073**

Mailing Address

**4100 NORTH POWERLINE ROAD
Y-2
POMPANO BEACH FL 33073**

44031411



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1082419**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAMM, HARVEY
4100 NORTH POWERLINE ROAD
SUITE Y-2
POMPANO BEACH FL 33073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **NAMM, HARVEY**
STREET ADDRESS **4100 NORTH POWERLINE ROAD, SUITE Y-2**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Namn
President

7/28/04 (954) 968-1700

Date

Daytime Phone #

Attachment
44051277

SURFACE SOLUTIONS, INC.

July 28, 2004

Florida Department of State
Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, Florida 32314

Ref: Surface Solutions, Inc. Document # P00000109796

Gentlemen:

Enclosed is our completed 2004 for Profit Corporation Annual Report for the above referenced Corporation along with check No. 1488 in the amount of \$150.00.

As we have no record of receiving the original document for filing earlier this year, we respectfully request that the late filing fee be waived.

Very truly yours,

SURFACE SOLUTIONS, INC.



Marlene Michaels
Controller

MM:mb

4100 North Powerline Road, Suite Y-2 Pompano Beach, FL 33073
Phone (954) 968-1700 Fax (954) 970-7431