## 2004 FOR PROFIT CORPORATION

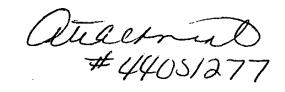
SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 02, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P00000109796 1. Entity Name 08-02-2004 90014 024 \*\*\*150.00 SURFACE SOLUTIONS, INC. Principal Place of Business Mailing Address 4100 NORTH POWERLINE ROAD 4100 NORTH POWERLINE ROAD 44001666 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-1082419 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAMM?HARVEY-Street Address (P.O. Box Number is Not Acceptable) 4100 NORTH POWERLINE ROAD SUITE Y-2 POMPANO BEACH FL 33073 City 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, 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 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMM, HARVEY NAME 4100 NORTH POWERLINE ROAD. SUITE Y-2 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33073 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information scriplied with this fijing 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 supplied entail 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.

**FILED** 

7/28/04 (954) 968-1700 Destrict Phone #



## 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