2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P01000076920 1. Entity Name SURF EAST INC. Principal Place of Business Mailing Address 4100 N 28 TERRACE 4100 N 28 TERRACE HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 02012006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 65-1128758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STONE, ADELA I DO NOT WRITE 100 SE 3RD AVE STE 1400 IN THIS SPACE FORT LAUDERDALE, FL 33394 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MALINASKY, DORON NAME STREET ADDRESS 4100 N. 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020 --- U00000510037 TATES TO SERVICE A SERVICE VΡ TITLE 04/28/06-80067-011 150.00 LEVY, ELIYAHU NAME STREET ADDRESS 4100 N. 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020 VΡ TITLE NAME OVAKNIN, AVRAHAM STREET ADDRESS 4100 N. 28 TERRACE DO NOT WRITE CITY-ST-7IP HOLLYWOOD, FL 33020 TITLE IN THIS SPACE ZISLIN, SHAUL NAME The state of the s STREET ADDRESS 4100 N. 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE MAME STREET ADDRESS

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 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OF DIRECTOR

4/10/06

(954) 924-9779

Daytime Phone #

FILED