


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000076920</b>		
1. Entity Name SURF EAST INC.		
Principal Place of Business 4100 N 28 TERRACE HOLLYWOOD, FL 33020	Mailing Address 4100 N 28 TERRACE HOLLYWOOD, FL 33020	



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1128758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STONE, ADELA I  
100 SE 3RD AVE  
STE 1400  
FORT LAUDERDALE, FL 33394

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MALINASKY, DORON
STREET ADDRESS	4100 N. 28 TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	VP
NAME	LEVY, ELIAHU
STREET ADDRESS	4100 N. 28 TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	VP
NAME	OVAKNIN, AVRAHAM
STREET ADDRESS	4100 N. 28 TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	S
NAME	ZISLIN, SHAUL
STREET ADDRESS	4100 N. 28 TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000702341  
04/20/07-80094-018 150.00

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/07 954 924 9779