


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90068 050 ***150.00

DOCUMENT # P02000061359	
1. Entity Name SURIEL, INC.	

Principal Place of Business BAY POINT VILLAS 2203 CALAIS DRIVE APT 2 MIAMI BEACH, FL 33141	Mailing Address BAY POINT VILLAS 2203 CALAIS DRIVE APT 2 MIAMI BEACH, FL 33141
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2. Principal Place of Business - No P.O. Box # 1574 NE 191 ST	3. Mailing Address ← SAME
Suite, Apt. #, etc. #354	Suite, Apt. #, etc.
City & State NORTH MIAMI BEACH, FL	City & State
Zip 33179	Country USA



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SANCHEZ, DULINA J 2203 CALAIS DR. #2 MIAMI BEACH, FL 33141	
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4. FEI Number 04-3681184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name SANCHEZ, DULINA J Street Address (P.O. Box Number is Not Acceptable) 1574 NE 191 ST #354 City NORTH MIAMI BEACH FL Zip Code 33179	
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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 <i>★ [Signature] ★</i> DATE 4-26-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! - FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANCHEZ AVENDANO, DULINA J 2203 CALAIS DR., #2 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANCHEZ AVENDANO, DULINA J. 1574 NE 191 ST, #354 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: <i>★ [Signature] ★</i>	4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date