2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065740

Entity Name: SURFSIDE MAGNA, INC.

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O POST & ROMERO 3195 PONCE DE LEON BLVD SUITE 400 CORAL GABLES, FL 33134

Current Mailing Address:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134

1111 KANE CONCOURSE
SUITE 215
BAY HARBOUR ISLANDS, FL 33154

FEI Number: 22-3869394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAW OFFICE OF CARLOS A ROMERO JR PA 3195 PONCE DE LEON BLVD SUITE 400 CORAL GABLES, FL 33134 US BARBARA, FRANZ MRS. 9595 COLLINS AVE. APT. 601N SURFSIDE, FL 33154 US

New Mailing Address:

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.

SIGNATURE: BARBARA FRANZ 01/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: FRANZ, BARBARA Name: FRANZ, BARBARA

Address: 3195 PONCE DE LEON BLVD SUITE 400 Address: 9595 COLLINS AVE., APT. 601N

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: SURFSIDE, FL 33154

Title: () Delete Title: D. () Change (X) Addition

Name: Name: MIGUEL, EGEA A

Address: 9595 COLLINS AVE., APT. 601N

City-St-Zip: City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FRANZ D. 01/25/2007