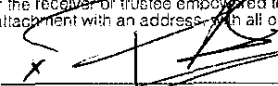


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90086 023 ***150.00

DOCUMENT # P02000071929 1. Entity Name SUR CREATIONS INC.					
Principal Place of Business 4701 SW 75 AVE MIAMI, FL 33155			Mailing Address 4701 SW 75 AVE MIAMI, FL 33155		
2. Principal Place of Business 4401 SW 75 Ave			3. Mailing Address 4401 SW 75 Ave.		
Suite, Apt. #, etc. 6			Suite, Apt. #, etc. 6		
City & State Miami FL			City & State Miami FL		
Zip 33155-4445		Country USA		4. FEI Number 54-2077763	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRUZ, ALEJANDRINA G 782 N W LE JEUNE ROAD SUITE 439 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ 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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PIGNATA, CARLOS G 4701 SW 75 AVE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1340 Lincoln Road apt. 809 Miami Beach FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MOCCIA, NICOLAS A 4701 SW 75 AVE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1340 Lincoln Road apt. 809 Miami Beach FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 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: 			Pres Carlos G. Pignata 3/12/04 (786) 277-3040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94029428



03122004 Chg-P CR2E034 (10/03)