2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2004 90086 023 ***150.00

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1. Entity Name
SUR CREATIONS INC.

Principal Place of Business	Mailing Address
4701 SW ~~78~~ AVE MIAMI, FL 33155	4701 SW ~~75~~ AVE MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
4401 SW 75 Ave	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	Zip: 33155-4445 Country: USA

03122004 Chg-P CR2E034 (10/03)

4. FEI Number: 54-2077763 ☐ Applied For ☐ Not Applicable

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 ______ 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, 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
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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: X Pres. Carlos G. Pignata 3/12/04 (786) 277-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #