

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000151207**

1. Entity Name  
**SURF STYLE RETAIL MANAGEMENT INC.**



Principal Place of Business  
**4100 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020**

Mailing Address  
**4100 NORTH 28TH TERRACE  
HOLLYWOOD, FL 33020**



02012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0495143**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**STONE, ADELE I ESQ.  
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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 **OVAKNIN, AVI**  
STREET ADDRESS **3351 SW 57TH PLACE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **VP**  
NAME **MALINASKY, DORON**  
STREET ADDRESS **3159 N. 34TH ST.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **S**  
NAME **LEVY, ELIYANU**  
STREET ADDRESS **12435 KEYSTONE ISLAND DR.**  
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **T**  
NAME **ZISLIN, SHAUL**  
STREET ADDRESS **3170 N. 35TH ST.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000510056  
04/28/06-80067-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**Avi Ovakin Pres.**

**04/10/06**

Date

**954-924-9797**

Daytime Phone #