

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90054 007 ***150.00

DOCUMENT # P04000006552 1. Entity Name SURE DEVELOPMENT CORP.			
Principal Place of Business 2201 W 52 ST #112 MIAMI, FL		Mailing Address 2201 W 52 ST #112 MIAMI, FL	
2. Principal Place of Business - No P.O. Box # 2323 W. 52 Street Suite, Apt. #, etc. 112		3. Mailing Address 2323 W. 52 Street Suite, Apt. #, etc. 112	
City & State Hialeah, FL Zip 33016		City & State Hialeah, FL Zip 33016	
Country USA		Country USA	
4. FEI Number 20-0586856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBALCABA, SERGIO 2323 W 52 ST HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Rubalcaba, Sergio Street Address (P.O. Box Number is Not Acceptable) 2323 W. 52 Street Suite 112 City Hialeah FL Zip Code 33016	
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 Sergio Rubalcaba 02/27/2007 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBALCABA, SERGIO 1136 NW 125 PL MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Rubalcaba, Sergio 2323 W. 52 Street, Suite 112 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALMEIDA, MARIA E 1136 NW 125 PL MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Almeida, Maria E. 2323 W. 52 Street, Suite 112 Hialeah, FL 33016
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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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
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
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: Sergio Rubalcaba, Pres. 02/27/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			