


2005 FOR PROFIT CORPORATION -AMENDED ANNUAL REPORT

DOCUMENT # P04000010098			
1. Entity Name SURFILOSOFIA, INC.			
Principal Place of Business 5601 COLLINS AVE. MIAMI BEACH, FL 3340		Mailing Address 5601 COLLINS AVE. MIAMI BEACH, FL 3340	
2. Principal Place of Business 5757 COLLINS AVE Suite, Apt. #, etc. # 905		3. Mailing Address PO BOX 403511 Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33140	Country USA	Zip 33140	Country USA

FILED
05 NOV 18 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent JONG, LISA 5601 COLLINS AVE. MIAMI BEACH, FL 3340		7. Name and Address of New Registered Agent Name LISA JENNIFER LASIO (formerly LISA JONG) Street Address (P.O. Box Number is Not Acceptable) 5757 COLLINS AVE #905 City MIAMI BEACH FL Zip Code 33140	
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 <u>Lisa Jennifer Lasio</u> LISA JENNIFER LASIO 11-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> (formerly LISA JONG) DATE			

Amended AR is \$61.25

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	PVST JONG, LISA P.O. BOX 403511 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LISA JENNIFER LASIO P.O. BOX 403511 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONG, LISA P.O. BOX 403511 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISA JENNIFER LASIO P.O. BOX 403511 MIAMI BEACH, FL 33140 <input checked="" 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	400061553334 11/18/05--01053--020 **70.00 <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
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 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 another like empowered.

SIGNATURE: Lisa Jennifer Lasio LISA JENNIFER LASIO 11-15-05 3057663833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #