\$150,00

2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000077692 FILED 1. Entity Name SURFACES SOUTHEAST, INC. 07 APR 16 AM 9: 25 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA **3009 NW 75 AVENUE** 3009 NW 75 AVENUE MIAMI, FL 33122 MIAMI, FL 33122 CR2E034 (11/05) 01152007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1129283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARAMONTE, ALBERT DO NOT WRITE 3009 NW 75 AVENUE MIAMI, FL 33122 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 900097950729 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE CLARAMONTE, ALBERT NAME 3009 NW 75 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 ar

TITLE NAME STREET ADDRESS CITY-ST-ZIP