


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90015 001 *****8.75
07-20-2006 90015 002 ***550.00

DOCUMENT # P04000124979 1. Entity Name EXOTIC SURFACES SERVICES, INC.					
Principal Place of Business 5083 NW 5TH STREET DELRAY BEACH, FL 33445			Mailing Address 5083 NW 5TH STREET DELRAY BEACH, FL 33445		
2. Principal Place of Business 12391 169TH Ct. N. Suite, Apt. #, etc.		3. Mailing Address 12391 169TH Ct. N. Suite, Apt. #, etc.			
City & State Jupiter FL. Zip 33478		City & State Jupiter FL. Zip 33478		4. FEI Number 20-1610513	
Country Palm Beach		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIAS-HERNANDEZ, LORENZO 5083 NW 5TH STREET DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Frias-Hernandez, Lorenzo Street Address (P.O. Box Number is Not Acceptable) 12391 169TH Ct. N. City Jupiter FL Zip Code 33478	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 FRIAS-HERNANDEZ, LORENZO <input checked="" type="checkbox"/> Delete 5083 NW 5TH STREET DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frias-Hernandez Lorenzo <input type="checkbox"/> Change <input type="checkbox"/> Addition 12391 169TH Ct. N. Jupiter FL 33478	
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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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 561-241-4832		