

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

FILED

07 APR 16 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152007 Chg-P CR2E034 (12/06) 07

DOCUMENT # P06000110913											
<b>1. Entity Name</b> SURFACES WEST COAST, INC.											
<b>Principal Place of Business</b> 3009 NW 75 AVE. MIAMI, FL 33122			<b>Mailing Address</b> 3009 NW 75 AVE. MIAMI, FL 33122								
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-5336692							
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  CLARAMONTE, ALBERT 3009 NW 75 AVE. MIAMI, FL 33122			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
<b>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.</b>											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		600097950916 04/23/07--01005--009 **850.00							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME	CLARAMONTE, ALBERT		NAME								
STREET ADDRESS	3009 NW 75 AVE.		STREET ADDRESS								
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
<b>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.</b>											
<b>SIGNATURE:</b> _____		4/3/07		305-372-9683							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #							