

\$150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000110913

1. Entity Name
SURFACES WEST COAST, INC.



Principal Place of Business
3009 NW 75 AVE.
MIAMI, FL 33122

Mailing Address
3009 NW 75 AVE.
MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01152007 Chg-P CR2E034 (12/06)

07

Zip

Country

Zip

Country

4. FEI Number

30-5336692

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARAMONTE, ALBERT
3009 NW 75 AVE.
MIAMI, FL 33122

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

600097950916
04/23/07--01005--009 **850.00

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLARAMONTE, ALBERT
STREET ADDRESS 3009 NW 75 AVE.
CITY-ST-ZIP MIAMI, FL 33122

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

413107

305-372-9683

Date

Daytime Phone #