\$150.50

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT   |  |                             |                                     |             |  | FILED              |                                       |                            |   |
|---|--|-----------------------------|-------------------------------------|-------------|--|--------------------|---------------------------------------|----------------------------|---|
| DOCUMENT # P06000149036   |  |                             |                                     |             |  | -                  |                                       |                            |   |
| 1. Entity Name SURFACES SOUTHWEST, INC.   |  |                             |                                     |             |  | 07 APR 16 AM 9: 26 |                                       |                            |   |
| Dispisal Disparé Duriessa Maittan Address   |  |                             |                                     |             | CO NE IN                                     |                    | SECRE                                 | ETARY OF ST<br>HASSEE, FLO | ALL<br>IRID <b>A</b>                    |
| Principal Place of Business<br>3009 NW 75TH AVENUE  |  |                             | Mailing Address 3009 NW 75TH AVENUE |             |  |                    | IALLA                                 | 11W22(F) F                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| MIAMI, FL 33122   |  |                             | MIAMI, FL 33122                     |             |  |                    |                                       |                            |   |
|   |  |                             | _                                   |             |  |                    |                                       |                            |   |
| 2. Principal P  | lace of Busin                                    | ness - No P.O. Box #        | 3. Mailing Address                  |             |  |                    | 01.0 01111 00311 <b>00111</b>         |                            | 4 TIII <u>s</u>                         |
| Suite, Apt. #, etc.   |  |                             | Suite, Apt. #, etc.                 |             |  | 02092007           | Chg-P                                 | CR2E034 (12/0              | 6) 07                                   |
| City & State  |  |                             | City & State                        |             |  | 4. FEI Number      | 184410                                |                            | Applied For<br>Not Applicable           |
| Zip   | Country  |                             | Zip Coun                            |             | ntry   |                    | f Status Desired                      | □ \$8.75 /<br>Fee Regu     |   |
| 6. Name and Address of Current I  |  |                             | egistered Agent                     |             |  | 7. Name and        | Address of New R                      | <u>`</u>                   | lied                                    |
| CLARAMONTE, ALBERT M  |  |                             |                                     |             | Name   |                    |                                       |                            |   |
| 3009 NW 7<br>MIAMI, FL  | 75TH AVE   |                             |                                     |             | Street Address (                             | (P.O. Box Number   | is Not Acceptable                     | <del>)</del>               |   |
|   |  |                             |                                     |             | City   |                    |                                       | <b>⊏</b> ∎ Zip C           | orte                                    |
|   |  |                             |                                     |             | <u>                                     </u> | red agent or both  | in the State of Eld                   | FL '                       |   |
| 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 \$5.00 May Be 500097950845  Trust Fund Contribution.   Added to Fees 04/23/0701005009 **850.00  |  |                             |                                     |             |  |                    |                                       |                            |   |
| 10.   | ay 1, 200  |                             |                                     | 11.         |  |                    |                                       |                            |   |
| TITLE   |  |                             |                                     |             | E  | ADDITIONS/C        | MANGES TO OFF                         | ICERS AND DIRECTO          |   |
| NAME<br>Street address  | CLARAMONTE, ALBERT M ADDRESS 3009 NW 75TH AVENUE |                             |                                     |             | ME<br>EET ADDRESS                            |                    |                                       |                            |   |
| CITY-ST-ZIP   | MIAMI, FL  |                             |                                     |             | r-ST-ZIP                                     |                    |                                       |                            |   |
| TITLE   |  |                             | ☐ Delete TITCE                      |             |  |                    |                                       | ☐ Chang                    | ge 🗌 Addition                           |
| NAME<br>Street address  | DORESS   |                             | NAM<br>STRE                         |             | EET ADDRESS                                  |                    |                                       |                            |   |
| CITY-ST-ZIP   |  |                             |                                     |             | r-ST-ZIP                                     |                    |                                       |                            |   |
| TITLE<br>NAME   | !  |                             |                                     | TITL<br>NAM |  |                    |                                       | ☐ Chang                    | ge                                      |
| STREET ADDRESS  |  |                             |                                     |             | EET ADDRESS                                  |                    |                                       |                            |   |
| CITY-ST-ZIP   |  |                             | ☐ Delete                            | TITL        | r-ST-ZIP                                     | 77-7-1             |                                       | ☐ Chano                    | e 🗀 Addition                            |
| NAME  |  |                             | _ bolote                            | NAN         | Œ  |                    |                                       | E chang                    |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                             |                                     |             | eet address<br>(-st-zip                      |                    |                                       |                            |   |
| TITLE   |  |                             | ☐ Delete                            | TITL        | <b>I</b>                                     |                    |                                       | ☐ Chang                    | ge 🗌 Addition                           |
| NAME<br>Street address  |  |                             |                                     | NAM<br>STR  | eet address                                  |                    |                                       |                            |   |
| CITY-ST-ZIP   |  |                             |                                     | _           | (-ST-ZIP                                     | 1                  | · · · · · · · · · · · · · · · · · · · |                            |   |
| TITLE<br>NAME   |  |                             | ☐ Delete                            | TITL<br>NAS |  |                    |                                       | Chang                      | ge 🗌 Addition                           |
| STREET ADDRESS  |  |                             |                                     |             | EET ADDRESS                                  |                    |                                       |                            |   |
| CITY-ST-ZIP   | certify that th                                  | e information supplied with | this filing does not qualify f      |             | r-ST-ZIP                                     | d in Chapter 119   | Florida Statutes 1                    | further certify that th    | e information                           |
| 12. I hereby certify that the information supplied with this filling 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 OFFICENOR DIRECTOR   |  |                             |                                     |             |  |                    | 113107                                | <u> 305-চা</u>             | 1-9683                                  |
|   |  | SIGNATURE AND TYPED OR      | FRIMI EU NAME UN BIGNING OFFICEI    | TOK DIREC   | IUK  |                    | Date                                  | Daytime Phone              | / <del>*</del>                          |