


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # P93000034093	
1. Entity Name 8 TILL LATE AT SURFSIDE INC.	

Principal Place of Business 693 NORTH THIRD STREET JACKSONVILLE, FL 32250 US	Mailing Address 693 NORTH THIRD ST. JACKSONVILLE BCH, FL 32250 US
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DO NOT WRITE IN THIS SPACE



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3180848	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BHIKHA, BHAGRATH 693 N. 3RD ST JACKSONVILLE, FL 32250	DO NOT WRITE IN THIS SPACE
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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 \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BHIKHA, BHAGIRATH 1237 E WILLOW OAKS DR JACKSONVILLE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BHIKHA, SUNIL 1237 E WILLOW OAKS DR JACKSONVILLE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PARAG, JAYESH 8300 PLAZA GATE LANE S APT 1123 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILIP, DILIPZ Z 1965 SAND HILL CRANE DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PATEL, KANTI A 13121 QUINCY BAY DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000651507
03/09/07-80010-010 158.75

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: Dilip Patel DILIP PATEL 2/21/0 9-4-246-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *