


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 019 ***150.00

DOCUMENT # P96000075110			
1. Entity Name SURF 'N SAND PROPERTIES, INC.			
Principal Place of Business 3000 NORTH A1A APT # 10A N HUTCHINSON ISLAND, FL 34949		Mailing Address 115 SANDPOINTE CT VERO BEACH, FL 32963	
2. Principal Place of Business 9891 U.S. Highway 1		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebastian, FL		City & State	
Zip 32958	Country U.S.A.	Zip	Country



04152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0699026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALVAN, MITCHELL B 3000 NORTH A1A APT # 10A N HUTCHINSON ISLAND, FL 34949		7. Name and Address of New Registered Agent Name Malvan, Mitchell B. Street Address (P.O. Box Number is Not Acceptable) 9891 U.S. Highway 1 City Sebastian FL Zip Code 32958	
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 <i>M. B. Malvan</i> Mitchell B. Malvan 4/18/04 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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MALVAN, MITCHELL B 3000 NORTH A1A APT 10A N HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Malvan, Mitchell B. 9891 U.S. Highway 1 Sebastian, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALVAN, BONNIE E 3000 NORTH A1A APT 10A N HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Malvan, Bonnie E. 9891 U.S. Highway 1 Sebastian, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELSHER, GARY 645 5TH AVE NEW YORK, NY 10022 <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	V FELSHER, MICHAEL 645 5TH AVE NEW YORK, NY 10022 <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 exemption stated in Section 119.07(3)(i), 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: *M. B. Malvan* Mitchell B. Malvan, Pres 4/18/04 772-234-5465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #