2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000016075

1. Entity Name
SURPLUS RE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1820 N CORPORATE LAKES BLVD FORT LAUDERDALE, FL 33326	1820 N CORPORATE LAKES BLVD #201 FORT LAUDERDALE, FL 33326

DO NOT WRITE IN THIS SPACE

05142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0822691

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PESTANO, BRUCE A
1812 VICTORIA POINTE CR
WESTON, FL 33327

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PESTANO, BRUCE
STREET ADDRESS	1812 VICTORIA POINTE CR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	V
NAME	LIENDO, JESUS
STREET ADDRESS	1806 VICTORIA POINTE CR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	S
NAME	MATHURA, FAZAL
STREET ADDRESS	4466 BLOSSON LN
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/04-80004-005 150.00

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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: _____ 5/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #