2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000075615

1. Entity Name

SURF & TURF DETAILING, INC.



Principal Place of Business

18001 NORTH BAY ROAD

UNIT 504 SUNNY ISLES BEACH, FL 33160 Mailing Address

DO NOT WRITE IN THIS SPACE

18001 N. BAY RD.

504

SUNNY ISLES BEACH, FL 33160

FILED Jan 30, 2008 08:00 AM Secretary of State



01242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0860251 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDENBURG, A MICHAEL 18001 N. BAY RD.

504

SUNNY ISLES BEACH, FL 33160,

DO	NOT	WRI	TE
IN	THIS	SPAC	CE

8.	b. 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 famitiar 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 reinstal

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	Р	
NAME	FREDENBERG, A MICHAEL	
STREET ADDRESS	18001 N. BAY RD.	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		7
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		ï
STREET ADDRESS		
CITY-SI-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
HILE		
NAME		
STREET ADDRESS		
CITY_CT_7ID		

000000804641 02/05/08-80062-014 150.00

DO NOT WRITE IN THIS SPACE

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 empgwered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPRICE OR DIRECTO

1-28-18

(305) 932-290 4

Daytime Phone #