


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90066 030 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P98000107720</b><br>1. Entity Name<br><b>ORLANDO SURF INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>4100 NORTH 28TH TERRACE<br/>HOLLYWOOD, FL 33021</b>   |  |   | Mailing Address<br><b>4100 NORTH 28TH TERRACE<br/>HOLLYWOOD, FL 33021</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |  |  |
| City & State  |  | City & State                                  |   |  |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>65-0885477</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ADELESTONE<br/>1946 TYLER STONE ST<br/>HOLLYWOOD, FL 33020</b>  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name <b>Adele I. Stone</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>100 S. E. 3rd Avenue</b><br><b>Suite 1400</b><br>City <b>Ft. Lauderdale</b> FL <b>33394</b> |  |
| 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 _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>MAINASKY, DORON<br/>3159 N 34TH ST<br/>HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MALINASKY, DORON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>LEVY, ELIYAHU<br/>13245 KEYSTONE ISLE DR<br/>MIAMI, FL 33181</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>ZISLIN, SHAUL<br/>3170 NORTH 35TH ST<br/>HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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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)(f), 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <i>Doron Malinasky</i>  |  |   | <b>02/15/05 (954) 924-9779</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date Daytime Phone #  |  |  |

40022021



02152005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0885477

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADELESTONE  
1946 TYLER STONE ST  
HOLLYWOOD, FL 33020

(change of address only) →

Name Adele I. Stone

Street Address (P.O. Box Number is Not Acceptable) 100 S. E. 3rd Avenue

Suite 1400

City Ft. Lauderdale FL 33394

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP  
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HOLLYWOOD, FL 33021** ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
**MALINASKY, DORON** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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LEVY, ELIYAHU  
13245 KEYSTONE ISLE DR  
MIAMI, FL 33181** ☐ Delete

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**SIGNATURE:** *Doron Malinasky*

**02/15/05 (954) 924-9779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #