


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # S92135 1. Entity Name SURF-RIVIERA BEACH, INC.	
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Principal Place of Business 2427 E. OCEAN AVE. SINGER ISLAND, FL 33404 US	Mailing Address 2427 E. OCEAN AVE. SINGER ISLAND, FL 33404 US
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03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0299627	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

**BRACHA, MOSHE
413 WOODVIEW CIRCLE
WEST PALM BEACH, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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

Signature and/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. ☐

\$5.00 May Be
Added to Fees

000000099911
03/31/04-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZISLIN, DAVID 12956 LA ROCHELLE CIR PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACHA, MOSHE 2427 E OCEAN AVE SINGER ISLD., FL 33404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #