


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S92135</b> 1. Entity Name <b>SURF-RIVIERA BEACH, INC.</b>	
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Principal Place of Business <b>2427 E. OCEAN AVE. SINGER ISLAND, FL 33404 US</b>	Mailing Address <b>2427 E. OCEAN AVE. SINGER ISLAND, FL 33404 US</b>
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04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0299627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required


**6. Name and Address of Current Registered Agent**

<b>BRACHA, MOSHE 413 WOODVIEW CIRCLE WEST PALM BEACH, FL 33418</b>
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**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ZISLIN, DAVID 12956 LA ROCHELLE CIR PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRACHA, MOSHE 3370 NE 190 STREET, APT 2111 NORTH MIAMI, FL 33180</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80077-023 150.00

**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 empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID ZISLIN VP 4/8/07 561 881444**

Date

Daytime Phone #