


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90060 011 ***158.75

DOCUMENT # P02000045387 1. Entity Name SUMMERVILLE DEVELOPMENT, INC.	
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Principal Place of Business 13032 SW 133RD CT MIAMI, FL 33186	Mailing Address 13032 SW 133RD CT MIAMI, FL 33186
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2. Principal Place of Business 14600 S.W. 136 Street Suite, Apt. #, etc.	3. Mailing Address c/o Elliott Hariris, Suite, Apt. #, etc. 111, SW 3 St., 6 Floor
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01202004 Chg-P CR2E034 (10/03)

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 56-2306279	Applied For Not Applicable
Zip 33186	Country USA	Zip 33130	Country USA

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


6. Name and Address of Current Registered Agent

HARRIS, ELLIOT ESQ
 111 SW 3RD ST
 SIXTH FLOOR
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PD GARCIA-CARRILLO, MICHAEL <input type="checkbox"/> Delete STREET ADDRESS 13032 SW 133RD CT CITY-ST-ZIP MIAMI, FL 33186
TITLE	VD CASTELLANOS, RAY <input type="checkbox"/> Delete STREET ADDRESS 13032 SW 133RD CT CITY-ST-ZIP MIAMI, FL 33186
TITLE	TD GARCIA-CARRILLO, PEDRO <input type="checkbox"/> Delete STREET ADDRESS 13032 SW 133RD CT CITY-ST-ZIP MIAMI, FL 33186
TITLE	AS HARRIS, ELLIOTT <input type="checkbox"/> Delete STREET ADDRESS 111 SW 3RD ST 6TH FLOOR CITY-ST-ZIP MIAMI, FL 33130
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 14600 S.W. 136 Street CITY-ST-ZIP Miami, Florida 33186
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 14600 SW 136 Street CITY-ST-ZIP Miami, Florida 33186
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SD STREET ADDRESS 14600 SW 136 Street CITY-ST-ZIP Miami, Florida 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TD STREET ADDRESS Garcia-Carrillo Jr., Pedro CITY-ST-ZIP 14600 S.W. 136 Street Miami, Florida 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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:  Elliott Harris 1/26/04 (305) 358-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #