

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096175

FILED
Mar 13, 2004
Secretary of State

Entity Name: SUMMERTRUST INVESTMENTS, INC.

Current Principal Place of Business:

1500 SAN REMO AVE., STE. 177
CORAL GABLES, FL 33146

New Principal Place of Business:

3952 PINWOOD LANE
WESTON, FL 33331

Current Mailing Address:

1500 SAN REMO AVE., STE. 177
CORAL GABLES, FL 33146

New Mailing Address:

3952 PINWOOD LANE
WESTON, FL 33331

FEI Number: 55-0795373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENWARTH, OTTO
3952 PINWOOD LN.
FORT LAUDERDALE, FL 33331

Name and Address of New Registered Agent:

FENWARTH, OTTO
3952 PINWOOD LN.
WESTON, FL 33331

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/13/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FENWARTH, OTTO
Address: 3952 PINWOOD LN.
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: PUYANA, MARIA M
Address: 3952 PINWOOD LN.
City-St-Zip: WESTON, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PUYANA, SILVIA L
Address: 3952 PINWOOD LN.
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTTO FENWARTH

Electronic Signature of Signing Officer or Director

D

03/13/2004

Date