2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000100676

1. Entity Name
SUMTEC INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
10250 SW 56 ST SUITE D-201 MIAMI, FL 33165	10250 SW 56 ST SUITE D-202 MIAMI, FL 33165

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0496014

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE STE 420
MIAMI, FL 33126

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVA, LUISA J
STREET ADDRESS	300 S PINE ISLAND RD STE 211
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	RODRIGUEZ, ALCIDES R
STREET ADDRESS	300 S PINE ISLAND RD STE 211
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	P
NAME	REYNA, FRANCISCO J
STREET ADDRESS	8106 S.W. 81 TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80025-002 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luisa J. Silva 01-16-06 305-279569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #