## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 26, 2007 8:00 am Secretary of State 02-26-2007 90069 045 \*\*\*150.00

Daytime Phone #

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**SIGNATURE** 

DOCUMENT # P04000098760 SUMMI'S INTERNATIONAL SUPPLIES CORP Principal Place of Business Mailing Address 40024430 7270 NW 12TH ST STE 560 174 NE 96TH ST MIAMI, FL 33126-1927 MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-1095581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZZA-MARTINEZ, TANIA A PB & A FINANCIAL SRVS., CORP. 175 NE 96TH ST MIAMI, FL 33138 City liami mits this satement 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 SIGNATURE Signatu (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ☐ Addition NAME LEAL, JUAN J NAME STREET ADDRESS 9130 SOUTH DADELAND BLVD., STE. 1600 STREET ADDRESS CITY+ST-7IP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 of the corporation of the receiver of changed, or on an altechment with