

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073078

FILED
Apr 20, 2009
Secretary of State

Entity Name: SUMICA INC.

Current Principal Place of Business:

961 QUANTUM LAKES DRIVE
961
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1845 NW 112 AVE DOLPHING COMMERCE
206
DORAL, FL 33172

Current Mailing Address:

961 QUANTUM LAKES DRIVE
961
BOYNTON BEACH, FL 33426

New Mailing Address:

1845 NW 112 AVE DOLPHING CENTER
206
DORAL, FL 33172

FEI Number: 26-0477693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDOVAL, JOVITO A SR
961 QUANTUM LAKES DRIVE
961
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDOVAL, JOVITO A SR
Address: 961 QUANTUM LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP (X) Delete
Name: BRZEZINSKA, KRZYSTYNA A MS
Address: 73 PARK WEST DRIVE
City-St-Zip: VERNON, CT 06066

Title: VP (X) Delete
Name: SANDOVAL, JOSE A SR
Address: 936 PENNSYLVANIA AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Delete
Name: TERESA, SANDOVAL S MS
Address: 961 QUANTUM LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOVITO A. SANDOVAL

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date