

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90001 010 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # F00000002529</b>   |   |   |   |                       |  |
| <b>1. Entity Name</b><br>SUMMIT FOODS, INC.  |   |   |   |  |  |
| <b>Principal Place of Business</b><br><del>15000 N FLORIDA AVE #301</del><br><del>TAMPA, FL 33613 US</del>   |   |   | <b>Mailing Address</b><br><del>15000 N FLORIDA AVE #301</del><br><del>TAMPA, FL 33613 US</del>  |  |  |
| <b>2. Principal Place of Business</b><br>3837 NORTHDALE Blvd.  |   | <b>3. Mailing Address</b><br>PO Box 290321  |   |  |  |
| Suite, Apt. #, etc.<br>179   |   | Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>Tampa, FL 33624   |   | <b>City &amp; State</b><br>Tampa, FL  |   | <b>4. FEI Number</b><br>94-3349936   |  |
| <b>Zip</b><br>33624  |   | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>JANRZIA, JOSEPH<br>4815 E. BUSCH BLVD, SUITE 113<br>TAMPA, FL 33617  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>   |   |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |   |  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PST <input checked="" type="checkbox"/> Delete<br><del>HARO, GUSTAVO</del><br><del>15000 N FLORIDA AVE #301</del><br><del>TAMPA, FL 33613</del> |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |   |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | THOMAS LIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3837 NORTHDALE Blvd., #179<br>Tampa, FL 33624        |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |  |
| <b>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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Thomas LIN</u> <span style="float: right;">9/8/04 (813) 716-3966</span>   |   |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>   |   |   |   |  |  |

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