2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # F00000002529 1. Entity Name SUMMIT FOODS, INC.							09-20-200	4 90001 010 ***	150.00
Principal Plac -15009 N FL(-TAMPA, FL-1	ORIDA AVE #301	Mailing Address -15009 N FLORIDA AVE #301 - TAMPA, FL-33613 US				54073141			
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2. Principal Place of Business 3837 NORTH DALE BIVE. 3. Mailing Address 2903.			132/	12/					
Suite, Apt. #, etc. 179 Suite, Apt. #, etc.						03082003	Chg-P	CR2E034 (10/03)	
City & State	, A 33624 _	City & State TAMPA, FL				4. FEI Number Applied For 94-3349936 Not Applicable			
Zip 33624 Country USA		Zip 33687					of Status Desired	S8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
JANRZIA, JOSEPH 4815 E. BUSCH BLVD, SUITE 113			-	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FI 	L 33617	i							
				City FL Zip Code					
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 acce									, and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finar Trust Fund Contribution.				cing	\$5.0 Adde	00 May Be d to Fees	In accordance w corporation did r	rith s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	OFFICERS AND DIRECTORS 11					ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE			TITLE	1	THOMAS LIN 2/11			Change	☐ Addition
NAME STREET ADDRESS	,			T ADDRESS	THOMAS LIN Sthange Addition Addition Addition Addition Addition Addition Addition Tampa, FL 33624				
CITY-ST-ZIP	TAMPA, FL 33613 cr			ST-ZIP	"/Am	pA, FL	33627		
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12. Inereby	certify that the information supplied with	mas mind noss not drainty for	rue exer	npuon stat	ea in Sec	ation 119.07(3)	i), riorida Statutes. I	runner certify that the	irirormation

12. Thereby certify that the information supplied with this lining does not qualify for the exemption stated in Section 119.07(3)(f), Fordia Statutes. Forther 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.

SIGNATURE:

THOMAS LIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04

813)716-3966

Date

Daytime Phone #