

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90011 033 ***150.00

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1. Entity Name

SUMMERLAND OF CONNECTICUT, INC.



Principal Place of Business

~~621 W. DILIDO DRIVE~~ 311 Lincoln Rd #205
MIAMI BEACH, FL 33139

Mailing Address

~~621 W. DILIDO DRIVE~~ PO Box 398596
MIAMI BEACH, FL ~~33139~~ 33239

40006806



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3562653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISKIT, DAVID
621 W. DILIDO DRIVE
MIAMI BEACH, FL 33139

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME MISKIT, DAVID
STREET ADDRESS 621 W. DILIDO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DS
NAME VICHNESS, SAMUEL
STREET ADDRESS 620 BROADWAY APT. 4F
CITY-ST-ZIP NEW YORK, NY 10012

TITLE DV
NAME KULCHIN, MICHAEL
STREET ADDRESS 5 HUNTER RIDGE
CITY-ST-ZIP WOODCLIFF LAKE, NJ 07675

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05

305-623-3310