

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 049 ***150.00

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1. Entity Name
WESTERN SUMMIT, INC.



Principal Place of Business
8211 WEST BROWARD BLVD.
SUITE 120
PLANTATION, FL 33324

Mailing Address
8211 WEST BROWARD BLVD.
SUITE 120
PLANTATION, FL 33324

40098734



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

201 N. University Drive
Suite 103A
Plantation FL 33324

201 N. University Drive
Suite 103A
Plantation FL 33324

03262008 Chg-P CR2E034 (12/06)

4. FEI Number
88-0505840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAN, ESHAUDDIN
8211 WEST BROWARD BLVD
SUITE 120
PLANTATION, FL 33324

Name
201 N. University Drive
Suite 103A
Plantation FL 33324

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 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 NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MADIO, RUSS R
8211 W. BROWARD BLVD STE 120
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
201 N. University Drive
Suite 103A
Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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

4/15/08

Date

954-475-0201

Daytime Phone #