


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90189 039 ***158.75

DOCUMENT # F03000005199

1. Entity Name
SUMMIT INVESTMENTS LOAN CORPORATION



Principal Place of Business: **1949 PALOMAR OAKS WAY, SUITE A CARLSBAD, CA 92009**


Mailing Address: **1949 PALOMAR OAKS WAY, SUITE A CARLSBAD, CA 92009**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



05042004 Chg-P CR2E034 (10/03)

4. FEI Number: **33-0731455**

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

6. Name and Address of Current Registered Agent

VALDEZ, ALEJO
3556 LANTA RD.
LANTANA, FL 33462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLD, MARC J	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD, CA 92009	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALAMEDDIN, NASSER K	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD, CA 92009	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIDDLETON, KEVIN K	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD, CA 92009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TODD, JOANNE	
STREET ADDRESS	1949 PALOMAR OAKS WAY, SUITE A	
CITY-ST-ZIP	CARLSBAD, CA 92009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **5-4-04** **760.268.7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #