

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90023 025 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

33-0731455

Applied For

Not Applicable

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 **HAMED EL-JILANI**

Street Address (P.O. Box Number is Not Acceptable)
3556 LANTANA ROAD

City **LANTANA**

FL

Zip Code **33462**

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALAMEDDIN, NASSER K**
STREET ADDRESS **1949 PALOMAR OAKS WAY, SUITE A**
CITY-ST-ZIP **CARLSBAD CA 92009**

TITLE **V** ☐ Delete
NAME **AHMED, NADEEM**
STREET ADDRESS **1949 PALOMAR OAKS WAY, SUITE A**
CITY-ST-ZIP **CARLSBAD CA 92009**

TITLE **S** ☐ Delete
NAME **WATERS, CARRIE**
STREET ADDRESS **1949 PALOMAR OAKS WAY, SUITE A**
CITY-ST-ZIP **CARLSBAD CA 92009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nasser Alameddin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-06 760-268-7200