


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F91277</b>		
1. Entity Name SUMMERS PROFESSIONAL SERVICES, INC.		
Principal Place of Business 8897 SW 129TH TERR MIAMI, FL 33176 US	Mailing Address 8897 SW 129TH TERR MIAMI, FL 33176 US	



03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2384949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CATLIN, H JAMES JR 1109 DOUGLAS CENTRE BLDG. 2600 DOUGLAS ROAD CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000270215  
03/19/05-80041-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MULSHINE, ANDY 8897 SW 129TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDES, ALBERTO 8897 SW 129TH TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLON, SUSAN 8897 SW 129TH TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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 #

Andrew Mulshine

3/15/05 (305) 232-1527