

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90030 008 ***150.00

DOCUMENT # M57989

1. Entity Name
**SUMMIT EXECUTIVE SEARCH CONSULTANTS,
INCORPORATED**



Principal Place of Business
**25 SOUTHEAST SECOND AVE.
SUITE 338
MIAMI, FL 33131 US**

Mailing Address
**25 SOUTHEAST SECOND AVE.
SUITE 338
MIAMI, FL 33131 US**

50000969



2. Principal Place of Business - No P.O. Box #
**245 SOUTHEAST FIRST STREET
Suite, Apt. #, etc.
SUITE 319**

3. Mailing Address
**SAME AS # 2
Suite, Apt. #, etc.,**

01082007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL.
Zip
33131

Country
USA

City & State
MIAMI, FL.
Zip
33131

Country
USA

4. FEI Number
59-2839994

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLZMAN, ALFRED J PRESIDE
25 SOUTHEAST SECOND AVE.
SUITE 338
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
245 SOUTHEAST FIRST STREET, SUITE 319
City
MIAMI FL Zip Code
33131

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
HOLZMAN, ALFRED J
STREET ADDRESS
175 SE 25 RD C-7
CITY-ST-ZIP
MIAMI, FL 33129

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Alfred J. Holzman **ALFRED J. HOLZMAN** 1-17-07 395 379-5008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #