2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N08000010831

Entity Name: SUMMIT QUESTA PTO, INC.

Current Principal Place of Business:

5451 SW 64TH AVENUE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5451 SW 64TH AVENUE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 26-3258598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRAUSS, CHARLENE
5451 SW 64TH AVENUE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURCK, MELISSA
Address: 4910 SW 61ST AVENUE
City-St-Zip: DAVIE, FL 33314

Title: VPD ( ) Delete
Name: STRAUSS, CHARLENE
Address: 971 E. COUNTRY CLUB CIRCLE
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete
Name: GRANT, DIANE
Address: 3240 SW 117 AVENUE
City-St-Zip: DAVIE, FL 33330

Title: SD ( ) Delete
Name: ZELKIN, LUDMILLA
Address: 1930 SW 37TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VPD ( ) Delete
Name: SILVERMAN, SUZIE
Address: 5308 SW 32ND AVENUE
City-St-Zip: HOLLYWOOD, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: SILVERMAN, SUZIE
Address: 5308 SW 32 AVENUE
City-St-Zip: HOLLYWOOD, FL 33312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: WOODRUFF, ALEXANDRA
Address: 1808 SW 10TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: VPD (X) Change ( ) Addition
Name: STRAUSS, CHARLENE
Address: 971 E COUNTRY CLUB CIRLCE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE GRANT TD 06/29/2009

Electronic Signature of Signing Officer or Director — Date