


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90001 039 ****65.00

DOCUMENT # N96000005781	
1. Entity Name SUMARRASE, INC.	

Principal Place of Business 10350 SW 164 STREET MIAMI, FL 33157	Mailing Address 10350 SW 164 STREET MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



05252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0706784	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 BERNARD, ANTHONY 9032 SW 153ND STREET MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DWAYNE 10350 S.W. 164 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, MARINA 10354 SW 164 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, SELDON 10354 SW 164 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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 617, 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: Dwayne Williams 5/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #