

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90113 035 ***150.00

DOCUMENT # P00000039471 1. Entity Name SUMEL, INC.					
Principal Place of Business 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129		
2. Principal Place of Business 2100 W. 76 St		3. Mailing Address 2100 W. 76 St		 02072006 Chg-P CR2E034 (11/05)	
Suite, Apt., etc. #208		Suite, Apt., etc. #208			
City & State Hialeah-FL		City & State Hialeah-FL			
Zip Country 33016 USA		Zip Country 33016 USA			
4. FEI Number 65-1033447				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 W. 76 St #208 City Hialeah FL Zip Code 33016				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$5:00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPS MENALHAM, MELANED AV. FRANCISCO DE HIRAMOA LOS PALOS GRAMOR CARACAS, VE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS MENAHEN Melamed AV. Eco. De MIRANDA LOS PALOS GRANDES, CARACAS, Venezuela	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GONZALEZ, SUSANA AVE. ECO DE MIRANDA CARMENA, VENE.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AVE. ECO. DE MIRANDA LOS PALOS GRANDES CARACAS, VENEZUELA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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:  3/28/06 205-854-6263 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

MENAHEN MELAMED