## 2003 FOR PROFIT CORPORATION

## May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000078517 DOCUMENT # 05-02-2003 90363 008 \*\*\*150.00 1. Entity Name SUMM STORE, INC Principal Place of Business Mailing Address 13301 SW 131 STREET 13301 SW 131 STREET MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1033510 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent mael POSADA, SANDRA Street Address (P.O. Box Number is Not Acceptable) LSP ASSOCIATES INC 13232 SW 131 ST MIAMI FL 33186 Zip Code ろう/86 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE : 1 TITLE ☐ Change ☐ Addition ☐ Delete PINEDA, MAURICIO NAME ' NAME STREET ADDRESS 11620 BRITTMOORE PARK STREET ADDRESS

CITY-ST-ZIP **HOUSTON TX 77041** CITY-ST-ZIP Assident Societary Prinedo, Adriana. 11620 Britmode Park Dr. Assistant Secretary TITLE Delete TITLE ☐ Change Priedu, Adriana NAME NAME 11620 Britmose Park Dr. STREET ADDRESS STREET ADDRESS Houston, tx 77041 Houston, tx 77241 CITY-ST-ZIP CITY-ST-ZIP TITLE Angei, Lina 1 Secretary TITLE Angel, Lino ☐ Change Addition ☐ Delete 1Societory NAME NAME 76505012854 7650 SW 12851 STREET ADDRESS STREET ADDRESS HIGH? . FL 33156 Hiami, FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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.