


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90101 034 \*\*\*150.00

<b>DOCUMENT # P04000085259</b>			
1. Entity Name <b>SUMMERS TRAVEL INC.</b>			
Principal Place of Business <b>8261 NW 8TH ST #325 MIAMI, FL 33126</b>		Mailing Address <b>8261 NW 8TH ST #325 MIAMI, FL 33126</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 420564</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Miami, FL 33242</b>	
Zip	Country	Zip <b>33242</b>	Country <b>USA</b>
4. FEI Number <b>20-1196871</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VALDES, ELIAS</b> <b>8261 NW 8TH ST #325</b> <b>MIAMI, FL 33126</b>		Name <b>Valdez, Elias</b> Street Address (P.O. Box Number is Not Acceptable) <b>1944 SW 8 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33135</b>	
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 _____ <small>Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VALDES, ELIAS</b> <input type="checkbox"/> Delete <b>1361 NW 25TH ST#325 MIAMI, FL 33142</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS CASTILLO, NORMA M</b> <input type="checkbox"/> Delete <b>8261 NW 8TH ST #325 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ <small>Day-time Phone # _____</small>	