


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90076 007 ***150.00

DOCUMENT # P04000098760

1. Entity Name
SUMMI'S INTERNATIONAL FOODS, CORP.



Principal Place of Business
9130 SOUTH DADELAND BLVD.
1600
MIAMI, FL 33156

Mailing Address
9130 SOUTH DADELAND BLVD.
1600
MIAMI, FL 33156

2. Principal Place of Business
7270 N.W 12TH ST
 Suite, Apt. #, etc.
Ste 560

3. Mailing Address
174 Northeast 96th St
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami Shores, FL

Zip
33126-1927 Country

Zip
33138 Country



02232006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
MAZZA-MARTINEZ TANIA A
9130 SOUTH DADELAND BLVD.
STE 1600
MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name
PB 8A Financial Services, Corp.
 Street Address (P.O. Box Number is Not Acceptable)
174 Northeast 96th St
Miami Shores, FL
 City
FL Zip Code
33138

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 *[Signature]* / **Sandra D. Arguello/Pres.** - **2-23-06** DATE

(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEAL, JUAN J	
STREET ADDRESS	9130 SOUTH DADELAND BLVD., STE. 1600	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* / **Leal Juan** Date **2/23/06** Daytime Phone # **3057691911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR