

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90069 045 ***150.00

DOCUMENT # P04000098760 1. Entity Name SUMMI'S INTERNATIONAL SUPPLIES CORP					
Principal Place of Business 7270 NW 12TH ST STE 560 MIAMI, FL 33126-1927			Mailing Address 174 NE 96TH ST MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232007 Chg-P CR2E034 (12/06)	
4. FEI Number 33-1095581				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A PB & A FINANCIAL SRVS., CORP. 175 NE 96TH ST MIAMI, FL 33138			7. Name and Address of New Registered Agent Name PB: A Financial Svcs Corp. Street Address (P.O. Box Number is Not Acceptable) 174 NE 96 ST City Miami 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 <i>[Signature]</i> President DATE 2/23/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P LEAL, JUAN J 9130 SOUTH DADELAND BLVD., STE. 1600 MIAMI, FL 33156	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
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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: <i>[Signature]</i> Juan J Leal / Pres. DATE 2/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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