



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-27-2006 90032 044 ***150.00

DOCUMENT # P04000136736 1. Entity Name SUMLEC, CORPORATION																													
Principal Place of Business 4440 NW 73 AVE CCS 5279 MIAMI, FL 33166			Mailing Address 4440 NW 73 AVE CCS 5279 MIAMI, FL 33166																										
2. Principal Place of Business 11010 NW 30 ST Suite, Apt. #, etc. STE 104 CCS 5279 City & State MIAMI FL Zip 33172		3. Mailing Address 11010 NW 30 ST. Suite, Apt. #, etc. STE 104 CCS 5279 City & State MIAMI FL Zip 33172																											
01242006 Chg-P CR2E034 (11/05)				4. FEI Number 20-2511950																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent ORTEGA DELGADO, ANTONIO 4440 NW 73 AVE CCS 5279 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name ORTEGA DELGADO ANTONIO Street Address (P.O. Box Number is Not Acceptable) 11010 NW 30 ST STE 104 CCS 5279 City MIAMI																										
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 ANTONIO ORTEGA DELGADO <i>Antonio Ortega</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 1-24-06																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PS ORTEGA DELGADO, ANTONIO J 4440 NW 73 AVE CCS 5279 MIAMI, FL 33166 </td> </tr> <tr> <td> V ORTEGA DELGADO, JESUS A 4440 NW 73 AVE MIAMI, FL 33166 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ORTEGA DELGADO, ANTONIO J 4440 NW 73 AVE CCS 5279 MIAMI, FL 33166	V ORTEGA DELGADO, JESUS A 4440 NW 73 AVE MIAMI, FL 33166	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PS ORTEGA DELGADO ANTONIO 11010 NW 30 ST STE 104 CCS 5279 MIAMI - FL - 33172 </td> </tr> <tr> <td> V ORTEGA DELGADO ANTONIO 11010 NW 30 ST STE 104 CCS 5279 MIAMI FL 33172 </td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ORTEGA DELGADO ANTONIO 11010 NW 30 ST STE 104 CCS 5279 MIAMI - FL - 33172	V ORTEGA DELGADO ANTONIO 11010 NW 30 ST STE 104 CCS 5279 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Antonio Ortega</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-24-06 Daytime Phone # 305-828-8489																										