2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # P04000153793 1. Entity Name 02-22-2006 90006 014 ***150.00 GRAND SUMMIT TRADING COMPANY Mailing Address Principal Place of Business 1361 NW 155TH DRIVE 1361 NW 155TH DRIVE MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 20-1882123 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1361 NW 155TH DRIVE MIAMI FL 33169 Zip Code 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, typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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 10. OFFICERS AND DIRECTORS 11. THTLE ☐ Delete TITLE Change ■ Addition NAME TUCKER, JEFFREY NAME STREET ADDRESS 3721 OTTAWA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026-4613 Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME TUCKER, ELIZABETH STREET ADDRESS STREET ADDRESS 1230 HARBOUR ROAD CITY-ST-ZIP HEWLETT HARBOUR NY 11557 CITY-ST-ZIE TITLE Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7/P ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

FILED

305-624-6226