

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014617

FILED
Apr 03, 2008
Secretary of State

Entity Name: SUMICONTRIAL GLOBAL SERVICES, INC

Current Principal Place of Business:

10730 NW 66 STREET
A-304
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

10730 NW 66 STREET
A-304
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-8353195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAMBRANO, EDGARD
12515 NW 11 LANE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LATORRE, JUAN
Address: 10730 NW 66 STREET, APT# A-304
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: MCJPADDEN, AMERICA R
Address: 10730 NW 66 STREET, APT # A-304
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCSPADDEN, AMERICA R
Address: 10730 NW 66 STREET, APT # A-304
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN LATORRE

P

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date