

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030782

FILED
Jul 12, 2004
Secretary of State

Entity Name: CONGRESS/SUMMIT PLAZA, INC.

Current Principal Place of Business:

865 S CONGRESS AVE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

865 S CONGRESS AVE
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0910655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICILIANO, MICHAEL J.
865 S CONGRESS AVE
WEST PALM BEACH, FL 33406 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SICILIANO, MICHAEL J
Address: 865 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VP () Delete
Name: KEATHLEY, TIMOTHY K
Address: 865 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: ST () Delete
Name: GUTIERREZ, DORY
Address: 79 CELINE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: GUTIERREZ, DORY
Address: 79 CEDAR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J SICILIANO

P

07/12/2004

Electronic Signature of Signing Officer or Director

Date