




**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 027 ***150.00

DOCUMENT # P99000030782		
1. Entity Name CONGRESS/SUMMIT PLAZA, INC.		
Principal Place of Business 865 S CONGRESS AVE WEST PALM BEACH, FL 33406		Mailing Address 865 S CONGRESS AVE WEST PALM BEACH, FL 33406
DO NOT WRITE IN THIS SPACE		
		40020000 
		01102008 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0910655		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SICILIANO, MICHAEL J. 865 S CONGRESS AVE WEST PALM BEACH, FL 33406		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE SICILANO, MICHAEL J 865 S CONGRESS AVE WEST PALM BEACH, FL 33406	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEATHLEY, TIMOTHY K 865 S CONGRESS AVE WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUTIERREZ, DORY 79 CEDAR CIRCLE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2/10/08</u> Daytime Phone # <u>561-640-4210</u>