

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90553 033 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000109593 1. Entity Name SUMMIT USA, INC.					
Principal Place of Business 10250 SW 56TH STREET D202 MIAMI, FL 33165			Mailing Address 10250 SW 56TH STREET D202 MIAMI, FL 33165		
2. Principal Place of Business 13622 NW 9 LN Suite, Apt. #, etc.		3. Mailing Address 13622 NW 9 LN Suite, Apt. #, etc.			
City & State MIAMI FL Zip 33182		City & State MIAMI FL Zip 33182		4. FEI Number 65-1026414 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, WOLFREDO A 10250 SW 56TH STREET D202 MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13622 NW 9 LN City MIAMI FL Zip Code 33182		
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.</small>			DATE 1/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, WOLFREDO A <input type="checkbox"/> Delete 10250 SW 56TH STREET, STE D202 MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13622 NW 9 LN MIAMI FL 33182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, REBECA R <input type="checkbox"/> Delete 10250 SW 56TH STREET, STE D202 MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13622 NW 9 LN MIAMI FL 33182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1/7/05 <small>Daytime Phone #</small>		