

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 050 ***158.75

DOCUMENT # V43199 1. Entity Name SUMMER GREEN CORPORATION					
Principal Place of Business 1602 ALTON ROAD SUITE 100 MIAMI, FL 33131			Mailing Address 1602 ALTON ROAD SUITE 100 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 199 EAST FLAGLER STREET		3. Mailing Address 199 EAST FLAGLER STREET			
Suite, Apt. #, etc. SUITE # 196		Suite, Apt. #, etc. SUITE # 196			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 65-0339723	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANDER, A. 1602 ALTON ROAD SUITE 100 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name ALEXANDER, A Street Address (P.O. Box Number is Not Acceptable) 1602-ALTON ROAD, SUITE # 500 City MIAMI BEACH FL Zip Code 33139		
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 		A. ALEXANDER		305-677-3345	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPAS ALEXANDER, A 1602 ALTON RD SUITE 100 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LECOMPTE, J 1602 ALTON RD STE 100 MIAMI, FL 33129	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			A. ALEXANDER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-23-07		