

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000086362

**Entity Name:** SUMMIT VISTA INC.

**Current Principal Place of Business:**

ROBINSON & OLD TRAIL RD  
NEW PROVIDENCE BAHAMAS,

**Current Mailing Address:**

ROBINSON & OLD TRAIL RD  
NEW PROVIDENCE BAHAMAS, XX

**FEI Number:** 99-0381545

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title D  
Name BUTLER, ANTHONY  
Address ROBINSON & OLD TRAIL RD  
City-State-Zip: NEW PROVIDENCE BAHAMAS

Title D  
Name WILLIAMS, BARRY  
Address ROBINSON & OLD TRAIL RD  
City-State-Zip: NEW PROVIDENCE BAHAMAS

Title D  
Name GOMEZ, JOHN  
Address ROBINSON & OLD TRAIL RD  
City-State-Zip: NEW PROVIDENCE BAHAMAS

Title D  
Name SCHAFFER, BLAINE  
Address ROBINSON & OLD TRAIL RD  
City-State-Zip: NEW PROVIDENCE BAHAMAS

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARRY WILLIAMS

SR VP FINANCE

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date