

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90024 028 ***150.00

DOCUMENT # F96000003293

1. Entity Name
Super Fine Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>920 Casey Cove Drive</i>	3. Mailing Address <i>920 Casey Cove Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Nokomis, Florida</i>	City & State <i>Nokomis Florida</i>
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Zip <i>34275</i>	Country <i>U.S.A.</i>	Zip <i>34275</i>	Country <i>U.S.A.</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <i>31-1216880</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <i>Southern Malcolm</i>
Street Address (P.O. Box Number is Not Acceptable) <i>920 Casey Cove Drive</i>
City <i>Nokomis</i>
State <i>FL</i>
Zip Code <i>34275</i>

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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: <i>PCD</i> NAME: <i>Southern Malcolm</i> STREET ADDRESS: <i>920 Casey Cove Drive</i> CITY - ST - ZIP: <i>Nokomis, Florida 34275</i>	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE: <i>STD</i> NAME: <i>Southern, Sheila</i> STREET ADDRESS: <i>920 Casey Cove Drive</i> CITY - ST - ZIP: <i>Nokomis, Florida 34275</i>	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila Southern* SHEILA SOUTHERN 1/19/04 941/484-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)