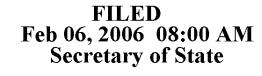
2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G51037 1. Entity Name SUPERIOR INSURANCE AGENCY, INC.





Principal Place of Business

Mailing Address

1761 N.W. 7TH STREET MIAMI, FL 33125 1761 N.W. 7TH STREET MIAMI, FL 33125



01302006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2324866 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BAZAN, MAYRA 311 E. 51ST STREET MIAMI, FL 33013

DO NOT WRITE IN THIS SPACE

77. IVIII, 1 C			IN E	HIS SPACE	
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered office or	registered agent, or both.	In the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and titla	f applicable (NOTE: Registered Agent signature	re required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BAZAN, MAYRA 311 E. 51ST STREET HIALEAH, FL		·	,	
TITLE NAME STREET AODRESS CITY-ST-ZIP	VP BAZAN, RICARDO 311 E 51ST ST HIALEAH, FL		Ĺ	000000421034 02715705-80021-002 158.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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 attactment, with an address, with all other like empowered.

SIGNATURE: 🚄

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND FIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 (305)541-9