


2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/25/2007-90046-030-\$150.00-\$150.00

DOCUMENT # P03000094970
 1. Entity Name
SUPERSONIC BROOM, INC.



Principal Place of Business Mailing Address
 4440 BEAGLE ST 4440 BEAGLE ST
 ORLANDO, FL 32818 ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE

FILED
 07 OCT -1 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 51-0430306 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ, MARGIORE
 125-P WINDTREET LANE
 WINTER GARDEN, FL 34787

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, MARGIORE
STREET ADDRESS	4440 BEAGLE ST
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: [Signature] Date _____ Daytime Phone # _____