


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000038899
 1. Entity Name
 SUPER SERIES SEMINAR, INC.



Principal Place of Business 1048 KANE CONCOURSE BAY HARBOR, FL 33154	Mailing Address 1048 KANE CONCOURSE BAY HARBOR, FL 33154
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JACOBSON, GILBERT
 1048 KANE CONCOURSE
 BAY HARBOR, FL 33154

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

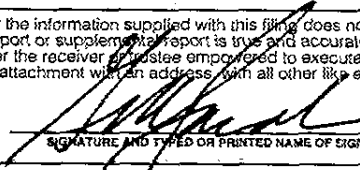
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000071164
 03/01/04-80060-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JACOBSON, GILBERT 1048 KANE CONCOURSE BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OPPENHEIMER, STEVEN 2999 NE 191ST #602 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAUTNER, RICHARD 2999 NE 191ST #602 AVENTURA, FL 33180
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 of the state 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:  DATE: 2/28/04 DAYTIME PHONE #: 305 865-0328