

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90097 019 \*\*\*150.00

**DOCUMENT # P97000012427**

1. Entity Name  
**SUPERBELT INTERNATIONAL CORP.**



Principal Place of Business <b>441 S. STATE ROAD 7          SUITE 15          MARGATE, FL 33068</b>	Mailing Address <b>441 S. STATE ROAD 7          SUITE 15          MARGATE, FL 33068</b>
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**44053603**



**DO NOT WRITE IN THIS SPACE**

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0735142</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILGAM, MARIO  
 1014 EAST 17TH ST  
 HIALEAH, FL 33010**

**DO NOT WRITE IN THIS SPACE**

**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 reinstating) DATE \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MILGAM, MARIO 1014 EAST 17TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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 reports 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:** \_\_\_\_\_ **4/19/04** **(305) 883-7974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #