2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 02, 2004 08:00 AM DOCUMENT # V48449 **Secretary of State** 1. Entity Name SUPERIOR COMMUNICATION INC. Mailing Address Principal Place of Business 749 BAYCOVE CT. MIDDLEBURG FL 32068 749 BAYCOVE CT. MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3132807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEDIEGO, HECTOR 749 BAYCOVE CT. Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG FL 32068 Zip Code City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN [1] 10. 11. Delete ☐ Change Addition THE TITLE DE DIEGO, HECTOR NAME NAME U00000024447 749 BAY COVE CT STREET ADDRESS STREET ADDRESS 02/02/04-80067-002 150.00 CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.