2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 📿

FILED Apr 11, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 365832 1. Entity Name SUPERIOR STORES CORPORATION						04-11-2006 90101 004 ***150.00
Principal Place of Business 3129 W HALL BEACH BLVD #107 PEMBROKE PARK, FL 33009			Mailing Address 3129 W HALL BEACH BLVD #107 PEMBROKE PARK, FL 33009			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052006 Chg-P CR2E034 (11/05)
City & State			City & State			4. FEI Number Applied For 59-1363222 Not Applicable
Zip			Zip	Country		5. Certificate of Status Desired
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent
SILVER, DAVID M 3600 YACHT CLUB DR. AVENTURA, FL 33180					Street Address	-DA SILVER ISS (P.O. Box Number is Not Acceptable) B DA #1400
The above named entity submits this statement for the purpose of changing its registered					City A VE	STURA FL Zip Code State of Florida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Spharke, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.	P Delete III				1.6	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	SILVER, DAVID 3600 YACHT CLUB DR #1402			NAM STRE	Tale	ARRY SCHATZMAN TIT BAYSHORE DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHATZ	MAN, SOPHIE 202ND ST	Delete	TITL NAM STRE	E AS	SOIST SECY Change Addition TEPHEN SCHATZMAN 101 NE > 12-0. ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVER,	ZELDA CHT CLUB DR #1402	☐ Oelete	TITL NAM STRI	. P	S.T Change Addition ILVER ZELDA LOO / APHT CLUB DR# 1402
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	I -		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition
indicated of the co	l on this repo reporation or	art or supplemental report is	strue and accurate and that owered to execute this repo	t my signa irt as requ	ature shall have tr	ained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if