


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 041 ***150.00

DOCUMENT # F02000003889 1. Entity Name SUPERIOR ASSET MANAGEMENT, INC.					
Principal Place of Business 400 NORTHPARK TOWN CTR 1000 ABERNATHY RD, NE, STE 165 ATLANTA, GA 30328			Mailing Address PO BOX 596 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business - No P.O. Box # SAME ABOVE		3. Mailing Address SAME ABOVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 58-1793524	
Zip 		Zip 		Country 	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAXON, BERNICE S ESQ. 201 E KENNEDY BLVD. STE. 600 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME KING, EDDIE N STREET ADDRESS 348 MIRACLE STRIP PKWY STE. 16A CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE President NAME Xin Cheng STREET ADDRESS 50 West San Fernando, Suite 435 CITY-ST-ZIP San Jose, CA. 95110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DPST NAME KING, DEBORAH W STREET ADDRESS 348 MIRACLE STRIP PKWY STE. 16A CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE Senior Vice President NAME Deborah W. King STREET ADDRESS 546 Highway 98 CITY-ST-ZIP Destin, Florida 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Secretary / Treasurer / CFO NAME Vikram Negi STREET ADDRESS 50 W. San Fernando, Suite 435 CITY-ST-ZIP San Jose, CA. 95110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Vikram Negi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/7/07</u> Daytime Phone # <u>(408) 491-8505</u>		

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