
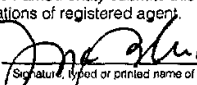
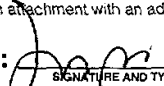


Sep 27,
Seci

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G49835		
1. Entity Name SUPERIOR MORTGAGE FINANCING CO.		
Principal Place of Business 10300 SW 72 ST STE 284 MIAMI, FL 33173 US	Mailing Address 10300 SW 72 ST STE 284 MIAMI, FL 33173 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLANCO, MARIA V 10300 SW 72 ST STE 284 MIAMI, FL 33173		4. FEI Number 59-2323586
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		Applied For Not Applicable
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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PDTS	DO NOT WRITE IN THIS SPACE
NAME	BLANCO, MARIA V	
STREET ADDRESS	6081 SW 153 COURT ROAD	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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)(f), 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: 		9/22/04 (305) 271-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



06302004 No Chg-P CR2E034 (10/03)

U00000172518
09/27/04-80002-005 550.00