
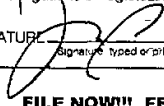
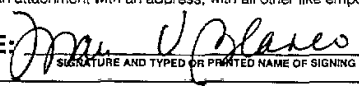


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 06,  
Seci

<b>DOCUMENT # G49835</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
01032005 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>59-2323586</b>		Applied For <input type="checkbox"/> 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  BLANCO, MARIA V 10300 SW 72 ST STE 284 MIAMI, FL 33173		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u>1/3/05</u>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS BLANCO, MARIA V 6081 SW 153 COURT ROAD MIAMI, FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(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.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: <u>1/3/05</u> Daytime Phone:		



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01/06/05-80016-012 150.00