

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2006 90015 022 ***558.75

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

40098169



2. Principal Place of Business

10300 SW 72 ST

3. Mailing Address

10300 SW 72 ST

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

310

07072006

Chg-P

CR2E034 (11/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2323586

Applied For

Not Applicable

Zip

33173

Country

Dade

Zip

33173

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, MARIA V
10300 SW 72 ST
STE 284
MIAMI, FL 33173

Name BLANCO, Maria V.

Street Address (P.O. Box Number is Not Acceptable) 10300 SW 72 ST # 310

City MIAMI

FL

Zip Code 33173

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)

DATE

7/4/06

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDTS ☐ Delete
NAME BLANCO, MARIA V
STREET ADDRESS 6081 SW 153 COURT ROAD
CITY - ST - ZIP MIAMI, FL 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Secretary ☐ Delete
NAME Vanessa S Blanco
STREET ADDRESS 6081 SW 153 Ct Rd
CITY - ST - ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #