2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90730

FILED Feb 14, 2008 Secretary of State

Entity Name: SUPER INSURANCE SERVICE, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7855 SW 40 MIAMI, FL 3					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7855 SW 40 MIAMI, FL 3					
FEI Number:	59-2383994	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GRULLON, 7855 S.W. 4 MIAMI, FL 3	10 STREET		GRULLON, CARMEN F 7855 S.W. 40 STREET MIAMI, FL 33155 US		
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.					
SIGNATURE: CARMEN R. GRULLON				02/14/2008	
	Electror	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GRULLON, CAI 7855 SW 40 ST MIAMI, FL 331	Г	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X ARIAS, JOSE V 7855 SW 40 ST MIAMI, FL 331	Γ	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X LLULL, JENNIF 10465 SW 56 8 MIAMI, FL 331	STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D (X LLULL, CARLA) Delete N	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CARMEN R. GRULLON P 02/14/2008

10465 SW 56 STREET

MIAMI, FL 33165 US

Address:

City-St-Zip: