

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89308

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: SUPERIOR TRAVEL CENTER INC.

## Current Principal Place of Business:

5404 HOOVER BLVD. #7  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

5404 HOOVER BLVD. #7  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 59-2603997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, ANTHONY  
11909 MIDDLEBURY DR  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

DIAZ, ANTHONY  
11909 MIDDLEBURY DR  
TAMPA, FL 33626 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:

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIAZ, ANTHONY  
Address: 11909 MIDDLEBURY DR  
City-St-Zip: TAMPA, FL 33626

Title: ST ( ) Delete  
Name: DIAZ, AIDA  
Address: 11909 MIDDLEBURY DR  
City-St-Zip: TAMPA, FL 33626

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COX, NENA M  
Address: 11909 MIDDLEBURY DR  
City-St-Zip: TAMPA, FL 33626

Title: ST ( ) Change (X) Addition  
Name: DIAZ, AIDA  
Address: 11909 MIDDLEBURY DR  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ANTHONY DIAZ

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date