2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16509

City-St-Zip:

HOMESTEAD, FL 33032

FILED Apr 13, 2009 Secretary of State

| Entity Name: SUPERSONIC ENTERPRISES, INC. | | | | | |
|-----------------------------------------------------|------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
| 16155 SW STE 10 MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 16155 SW STE 10 MIAMI, FL | | | | | |
| FEI Number: | 59-2695479 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of I | Name and Address of New Registered Agent: | |
| 10550 NOF SUITE 206 CORAL SF The above | RING, FL 330 named entity s | 065 US | ST. LAURENT, LOUIS 9881 N.W. 54TH PLACE CORAL SPRING, FL 33 rpose of changing its registered of | | |
| in the State | | | | | |
| SIGNATURE: Electronic Signature of Registered Agent | | | + | 04/13/2009 Date | |
| | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () LEE, ARLENE 15651 SW 155 MIAMI, FL 331 | | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | LAU, ZHI LAN (11-19 SHA TSU | , | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: | P () LEE, BARON 23501 SW 152I | Delete | Title: (Name: Address: |) 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.

City-St-Zip:

SIGNATURE: ARLENE LEE 04/13/2009 D