


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # J85999</b> 1. Entity Name SUPERIOR VALET SERVICE, INC.		
Principal Place of Business % PAUL KLIMANTIRIS 2478 OKLAHOMA ST W. PALM BEACH, FL 33406		Mailing Address % PAUL KLIMANTIRIS 2478 OKLAHOMA ST W. PALM BEACH, FL 33406
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KLIMANTIRIS, PAUL 2478 OKLAHOMA ST W. PALM BEACH, FL 33406		<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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD KLIMANTIRIS, PAUL 2478 OKLAHOMA ST W. PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KLIMANTIRIS, ANNA 2478 OKLAHOMA ST W. PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 all other like empowered.		
SIGNATURE: <i>Paul Klimantiris</i> PAUL KLIMANTIRIS		1-24-06 561-697-8421 Date Daytime Phone #



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0004463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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02/03/06-80024-025 150.00

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IN THIS SPACE**