


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # J85999 1. Entity Name SUPERIOR VALET SERVICE, INC.	
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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
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01202007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent KLIMANTIRIS, PAUL 2478 OKLAHOMA ST W. PALM BEACH, FL 33406
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000609845
02/01/07-80066-014 150.00**

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Paul Klimantiris 1-24-07 561-697-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone