


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J85999</b> 1. Entity Name <b>SUPERIOR VALET SERVICE, INC.</b>	
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Principal Place of Business <b>% PAUL KLIMANTIRIS 2478 OKLAHOMA ST W. PALM BEACH, FL 33406</b>	Mailing Address <b>% PAUL KLIMANTIRIS 2478 OKLAHOMA ST W. PALM BEACH, FL 33406</b>
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01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0004463</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KLIMANTIRIS, PAUL 2478 OKLAHOMA ST W. PALM BEACH, FL 33406</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>U000000816824 02/14/08-80069-002 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KLIMANTIRIS, PAUL 2478 OKLAHOMA ST W. PALM BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KLIMANTIRIS, ANNA 2478 OKLAHOMA ST W. PALM BEACH, FL</b>
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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 2-4-08 561-697-8421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #