


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90052 036 \*\*\*150.00

<b>DOCUMENT # K32716</b>		
1. Entity Name FLORIDA SUPERIOR SAND, INC.		
Principal Place of Business <del>1489 W PALMETTO PK RD STE 438</del> <del>BOCA RATON FL 33488</del> <del>US</del>		Mailing Address P O BOX 5901 LIGHTHOUSE POINT FL 33074 US



2. Principal Place of Business - No P.O. Box # 6801 Lake Worth Rd		3. Mailing Address	
Suite, Apt. #, etc. Ste. 124		Suite, Apt. #, etc.	
City & State Greenacres, FL		City & State	
Zip 33467	Country US	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0085242		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARENA, LENA R. 500 SOUTH OCEAN BLVD APT 603 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARENA, LENA R. <del>500 SOUTH OCEAN BLVD APT 603</del> <del>BOCA RATON FL</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 Lake Worth Rd, Ste 124 Greenacres, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP ARENA, ANDREW <del>1489 W PALMETTO PK RD STE 438</del> <del>BOCA RATON FL</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 Lake Worth Rd, Ste 124 Greenacres, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JEFFERSON, MARION <del>1489 W PALMETTO PK RD STE 438</del> <del>BOCA RATON FL</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 Lake Worth Rd, Ste 124 Greenacres, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07

Date

561-969-3112

Daytime Phone #