


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

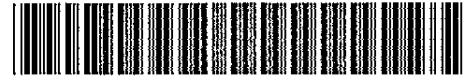
FILED

Feb 01, 2006 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # L05183                           |  |
| 1. Entity Name<br>SUPER LINEN SERVICE CORP. |   |

|   |   |
|---|---|
| Principal Place of Business<br>695 N.W. 4TH AVENUE<br>FT. LAUDERDALE FL 33311 | Mailing Address<br>695 N.W. 4TH AVENUE<br>FT. LAUDERDALE FL 33311 |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0153835

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent          |  | 7. Name and Address of New Registered Agent                                    |  |
| HO, KWAN SUI<br>695 NW 4TH AVE<br>FT LAUDERDALE FL 33311 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 constituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MA, BONNIE Y<br>11764 WEST SAMPLE ROAD SUITE 101<br>CORAL SPRINGS FL 33065 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 1100000413679<br>02/11/06-80003-024 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HO, KWAN SUI<br>695 NW 4TH AVENUE<br>FT. LAUDERDALE FL                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MAO, KAI MING<br>695 NW 4TH AVENUE<br>FT. LAUDERDALE FL                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YUEN, HON WAI<br>11119 N W 46TH DRIVE<br>CORAL SPRINGS FL 33076            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |

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 empowered.

SIGNATURE: HO, KWAN SUI 1/27/06 (954) 467-3773