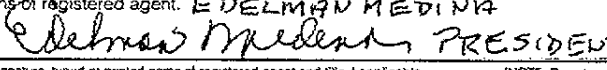
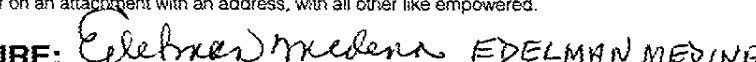


FILED

Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L35111				Mar 10, 2004 08:00 AM	
1. Entity Name SUPERIOR CONSTRUCTION OF MIAMI, INC.				Secretary of State	
Principal Place of Business %EDELMAN MEDINA 4590 W. 9TH COURT HIALEAH FL 33012		Mailing Address %EDELMAN MEDINA 4590 W. 9TH COURT HIALEAH FL 33012			
2. Principal Place of Business		3. Mailing Address		MOORE CR2E034 (11/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0158011	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, EDELMAN 4590 W. 9TH COURT HIALEAH FL 33012				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. EDELMAN MEDINA					
SIGNATURE  PRESIDENT					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MEDINA, EDELMAN	NAME			
STREET ADDRESS	4590 W. 9TH COURT	STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL	CITY - ST - ZIP			
TITLE	D ☐ Delete	TITLE	03/10/04-80057-005 ☐ Change ☐ Addition		
NAME	MEDINA, CONSUELO E.	NAME			
STREET ADDRESS	4590 W. 9TH COURT	STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL	CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  EDELMAN MEDINA 03.08.04 305.623.4738					