2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPEDION PRINTED NAUE

FILED Feb 12, 2004 08:00 AM

				• ************************************	Secretary of State 😁	
DOCUI	MENT # L60001				<i>,</i>	
1. Entity Name	e •					
SUPER N	IICE CAB CORP.					
		į				
Principal Place	e of Business	Mailing Address				
2766 NW 62		2766 NW 62 STREET	-			
MIAMI, FL 33	3147 US	MIAMI, FL 33147 US				
:					<u> </u>	
				04000004 No.0	b= B	
	O NOT WRITE	IN THIC COA		01292004 No C		
	O NO! WHILE	IN THIS STA		4. FEI Number	Applied For Not Applicable	
			Lallird,	65-0318656	¢0.75 Additional	
			wish in an et in time	5. Certificate of Status	Desired Fee Required	
	6. Name and Address of Current Ro		o opijeza gr	**************************************	recovering the state of the sta	
ALLIAREZ	RAUI		* *	TYPE RIPY	The same same same same same same same sam	
ALUAREZ, RAUL 2766 NW 62 ST			DO NOT WRITE			
MIAMI, FL 33147-7662				IN THIS	SPACE	
			. :			
			. managara dan			
8. The above the obligation	named entity submits this statement for t lons of registered agent.	he purpose of changing its register	ed office or register	red agent, or both, in the !	State of Florida. I am familiar with, and accept	
iii vangu						
SIGNATURE_	Signature, typed or printed name of registered agent and	I lile if applicable. (NOTE Registers	d Agent signature required	d when re natating)	DATE	
		T	<u> </u>			
FIL	E NOW!!! FEE IS \$150.00	 Election Campaign Final Trust Fund Contribution. 		.00 May Be led to Fees		
Arter Ma	ay 1, 2004 Fee will be \$550.0					
10.	OFFICERS AND D	RECTORS	4			
TITLE NAME	GONZALEZ, RAYMOND					
STREET ADDRESS	2762 NW 62 ST					
CITY-ST-ZIP	MIAMI, FL	<u> </u>		<u> </u>	1041791 F3	
TILE	VP				arm gree-izi 199. v	
NAME Street Address	GONZALEZ, RENE 261 SW 129 AVE					
City-ST-ZIP	MIAMI, FL 33184			QQQQQQ47564		
TITLE				02/1	2/04-80045-021 158,75	
NAME			l		; 	
STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE		<u> </u>	state a se conocidenda		SPACE	
NAVIE			l	11W 1 1 21	JOFMUL	
STREET ADDRESS CITY-ST-ZIP			1 .			
TITLE			خامة فيصلوم فيمورون لرباق فراوار		gamentinistansi senganjan in mineri idikin mendi jadig mijunti midan di dilipunta di miteritansi m	
NAME				1 1 .		
STREET ADDRESS						
C-TY-ST-ZIP				mialamint pains	e facilità de la company d	
TITLE					•	
NAME STREET ADDRESS				• • • • • • • • • • • • • • • • • • • •		
CITA-21-16		<u> </u>				
12. I hereby	certify that the information supplied with	his filing does not qualify for the ex-	emption stated in Seture shall have the	ection 119.07(3)(i), Florida	a Statutes. I further certify that the information ade under oath; that I am an officer or director	
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						
(d) (10-0 longelies) I day 2001 200 CUNI						
SIGNAT	SIGNATURE: 4 104 JOS 1571759					