

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90146 050 ****50.00

DOCUMENT #L95000000486

1. Entity Name

SUPERIOR INTERNATIONAL TRADING, L.C.



Principal Place of Business

SUPERIOR INTERNATIONAL TRADING LLC
11250 NW 25TH STREET #114
MIAMI FL 33172

Mailing Address

% MORTON R. GOUDISS, ESQ.
PO BOX 546514
SURFSIDE FL 33154-6514



2. Principal Place of Business

6355 NW 36ST

Suite, Apt. #, etc.

SUITE 201

City & State

VIRGINIA GARDENS, FL

Zip

33166

Country

USA

3. Mailing Address

6355 NW 36ST

Suite, Apt. #, etc.

SUITE 201

City & State

VIRGINIA GARDENS, FL

Zip

33166

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

65-0593555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOUDISS, MORTON R ESQ.
1090 KANE CONCOURSE, #202
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

FERNANDO SALOMON

Street Address (P.O. Box Number is Not Acceptable)

6355 NW 36ST

SUITE 201

City

VIRGINIA GARDENS

FL

Zip Code

33166

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

F. Salomon

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SALOMON, FERNANDO
STREET ADDRESS 11250 NW 25TH STREET #114
CITY-ST-ZIP MIAMI FL 33172 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME FERNANDO SALOMON
STREET ADDRESS 6355 NW 36ST SUITE 201
CITY-ST-ZIP VIRGINIA GARDENS, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

F. Salomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/2006 786-265-9724

Date

Daytime Phone #