

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90019 005 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000038809 1. Entity Name SUPERIOR TRUST MORTGAGE, INC.																											
Principal Place of Business 9990 S W 77 AVE SUITE 215 MIAMI, FL 33156		Mailing Address 9990 S W 77 AVE SUITE 215 MIAMI, FL 33156																									
2. Principal Place of Business 9990 S W 77 Ave Suite, Apt. #, etc. Suite 217 City & State Miami FL Zip 33156		3. Mailing Address 9990 SW 77 Ave Suite, Apt. #, etc. Suite 217 City & State Miami, FL Zip 33156																									
4. FEI Number 65-1001103		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02102004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent TAPANESE, ZUNILDA 9990 S W 77 AVE SUITE 215 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name TAPANESE, ZUNILDA Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77 AVE Suite 217 City Miami FL Zip Code 33156																									
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 DATE 2/10/04 (Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating))																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP TAPANESE, ZUNILDA 9990 SW 77 AVE #215 MIAMI, FL 33156 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAPANESE, ZUNILDA 9990 SW 77 AVE #215 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> TAPANESE, ZUNILDA 9990 S.W. 77 AVE. # 217 Miami FL 33156 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAPANESE, ZUNILDA 9990 S.W. 77 AVE. # 217 Miami FL 33156	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
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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 the empowered.																											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/10/04 Daytime Phone #																									

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