## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P00000081346



FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90039 030 \*\*\*150.00

<ol> <li>Entity Name</li> </ol>		
SUPER RA	DIO OF FLORIDA, INC.	

Principal Plac 2601 SO BA MIAMI, FL 3	YSHORE DRIVE STE 1400	Mailing Address 2601 SO BAYSHO MIAMI, FL 33133	RE DRIVE STE 1400		<b>!!</b> )
2. Principal P	lace of Business - No P.O. E	Box # 3. Mailing Address	·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02052007 Chg-P CR2E034 (12/06)	
City & Stat	e	City & State		4. FEI Number Applied 65-1053339 Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	l
	6. Name and Address of	of Current Registered Agent		7. Name and Address of New Registered Agent	
	LFREDO G BAYSHORE DRIVE ST 33133	E 1400	Name Street Addre	ess (P.O. Box Number is Not Acceptable)	-
			City	FL Zip Code	
	named entity submits this st ions of registered agent.	atement for the purpose of changing	ng its registered office or reg	istered agent, or both, in the State of Florida. I am lamiliar with, and a	ccept
SIGNATURE_	Signature, typed or printed name of reg	gratered agent and title if applicable	(NOTE: Registered Agent signature rec	guired when remetating) DATE	_
FIL	E NOW!!! FEE IS \$15 by 1, 2007 Fee will b	U.UU.	Contribution 📉 🔲 🏤	\$5.00 May Be Added to Fees	•
10.	OFFIC	ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1
TITLE	D	☐ Delete	1ITLE	☐ Change ☐ F	Addition
NAME	PAVA, ALVARO	er er g	NAME		
STREET ADDRESS CITY+ST-ZIP	2601 SO BAYSHORE D MIAMI, FL 33133	PRIVE STE 1400.	STREET ADDRESS CITY ST-ZIP		
TITLE		Delete	TITLE	☐ Change ☐ F	
NAME			, NAME		Addition
STREET ADDRESS			STREET ADDRESS		Addition
CHY S1-ZIP					Addition
HILLE			CHY SI ZIP		
NAME		☐ Delete	CITY ST ZIP	☐ Charge ☐ A	Addition
!		☐ Delete	CHY SI ZIP TILLE NAME	☐ Change ☐ A	
		☐ Delete	CHY SEZIP  TITLE  NAME  STREET ADDRESS	☐ Change ☐ A	
STREET ADDRESS CITY-ST-ZIP		<del>,</del>	CHY SI ZIP  TITLE  NAME  STREET ADDRESS  CHY SI-ZIP		Addition
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	CHY SI ZIP  TITLE  NAME  STREET ADDRESS  CHY SI-ZIP  TITLE  NAME  STREET ADDRESS  CHY-SI-ZIP  TITLE  NAME	☐ Change ☐ A	<b>M</b> ddition Mddition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 offect as if made under oath, that I am an officer or director of the corporation or the receiver of 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 extress, with all other like empowered.

SIGNATURE:

SIGNATURE:

ALVACO PARA

3/12/07

P59-2696

SIGNATURE: