2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

| DOCUMENT # P00000107523 | | | | | |
|---|--|--|--|--|--|
| 1. Entity Name SUPERIOR PROPERTY SERVICES OF CENTRAL. FLORIDA, INC. | | | | | |
| Principal Place | e of Business M | alling Address | · · · · · · · · · · · · · · · · · · · | | |
| 4004 EDGEWATER DRIVE P.O. BOX 540763 ORLANDO, FL 32804 ORLANDO, FL 32804 | | | | | |
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| *************************************** | VII. VIII. V | | sing intelligent repairs | | |
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| | | | | 4. FEI Number 59-3683609 | Applied For Not Applicable |
| | Alteria de la casa describa describa describa de la composición del composición de la composición de l | and the second s | er kan a san a | 5. Certificate of Status Desired | \$8.75 Additional |
| | 6. Name and Address of Current Regis | | A CONTRACTOR OF THE PARTY OF TH | S. Odrinicale of datas pession | Fee Required |
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| RIVERA, ORLANDO V 1413 KURUME CT ORLANDO, FL 32818 | | | | DO NOT W | RITE |
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| | | | | | All Articles |
| 8. The above | named entity submits this statement for the p | purpose of changing its register | ed office år register | ad agent, or both, in the State of Flor | ida. I am familiar with, and accept |
| | ions of registered agent. | | | • | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | Hampicable (MOTE Bosisters | ed Apent signature required | t when reinstation | DATE |
| | Signatore, species that a constitution of signature agent and that | t Sphicmal 640 E Ushiora | or select a sub-reacting residence | WHO I TO MICHING | DATE. |
| | E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | .00 May Be ad to Fees | |
| 10. | OFFICERS AND DIRECT | TORS | | the state of the second state of the second | |
| TITLE HAME | RIVERA, ORLANDO | | | unnn | 00307773 |
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| STREET ADDRESS CITY-ST-ZIP | | | | , , 4 | |
| 12. I hereby | certify that the information supplied with this f | lling does not qualify for the exe | imption stated in Se | ection 119.07(3)(I), Florida Statutes. I | further certify that the information |
| of the cor changed. | certify that the information supplied with this f on this report or supplemental report is true portation or the receiver of this teep suppowere , or on an attachment with an address, with a | d to effect this report as required. | ired by Chapter 607 | 7, Florida Statutes; and that my name | appears in Block 10 or Block 11 if |
| | (1/1 South | W. Lwers | L/021 | ANDO V. RIVER | 24 4/11/AC |
| SIGNAT | | NAME OF AGRING OFFICER ON MINEC | | Date | Daytime Plione 4 |

407-299-9009