

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034921

Entity Name: SUPERIOR FIRST, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

6567 SPANISH MOSS CIRCLE
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6567 SPANISH MOSS CIRCLE
TAMPA, FL 33625

New Mailing Address:

FEI Number: 59-3720544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, KATHY L
205 W ML KING BLVD #204
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OBI-ANADIUME, VICTOR
Address: 6567 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: OBI-ANADIUME, HILDA
Address: 6567 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: UGWAEGUNAM, HOPE
Address: 6567 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: MBAEKWE, JOY
Address: 6567 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: ALADIUME, HENRY
Address: 6567 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: ALADIUME, CHRISTOPHER
Address: 6567 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HA

DIR

01/13/2005

Electronic Signature of Signing Officer or Director

Date