

# 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 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