


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90001 043 ***150.00

DOCUMENT # P01000075272		
1. Entity Name SUBPERB, INC.		

Principal Place of Business 7401 N. FEDERAL HIGHWAY BOCA RATON, FL 33487 US	Mailing Address 209 SE 5TH AVE DELRAY BEACH, FL 33483 US
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40113250



2. Principal Place of Business - No P.O. Box # 3350 NW. 2 ND AVE.	3. Mailing Address 3350 N.W 2 ND AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07102008 Chg-P CR2E034 (12/06)

City & State BOCA RATON - FLORIDA	City & State BOCA RATON FLORIDA
Zip 33431	Country PALM BEACH
Zip 33431	Country PALM BEACH

4. FEI Number 65-1140636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALDASSARE, MICHAEL 245 PALM TRAIL DELRAY BEACH, FL 33483	
7. Name and Address of New Registered Agent Name MICHAEL BALDASSARE Street Address (P.O. Box Number is Not Acceptable) 500 S.E. MIZNER BLVD. City BOCA RATON FL Zip Code 33432	

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: *Michael Baldassare* DATE: 8/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDASSARE, MICHAEL 245 PALM TRAIL DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500 S.E. MIZNER BLVD. BOCA RATON FLA. 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 like empowered.

SIGNATURE: *Michael Baldassare* MICHAEL BALDASSARE 8/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #