2008 FOR PROFIT CORPORATION

FILED May 02, 2008 8:00 am

ANNUAL REPORT						Secretary of State					
DOCUMENT # P01000079148 1. Entity Name NFB - SUPERIOR INDUSTRIAL SERVICES, INC.							05-02-2008	_			
Principal Place	of Business		Mailing Address	<u> </u>		1					
2402 E 5TH AVENUE TAMPA, FL 33605		PO BOX 75466 TAMPA, FL 33675				·					
2 Principal Pk	and of Busine	an No BO Pov#	3. Mailing Address								
2. Principal Place of Business - No P.O. Box #			3. Maining Address			88			B		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04232008	Chg-P	CR2E	(12/06)			
City & State		City & State			4. FEI Numb 59-373			→	plied For of Applicable		
Zip Country		Zip Country				of Status Desired	A	\$8.75 Add	litional		
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent					
BELL, CHARLES W					Name						
2402 5TH A	AVENUE		Street Address		(P.O. Box Numb	er is Not Acceptable	e)				
TAMPA, FL 33605											
					City FL Zip Code						
Į.	,		for the purpose of changing its	registered offic	e or registe	red agent, or bo	th, in the State of FI	orida. I ar	n familiar with,	and accept	
the obligation	ons of registe	red agent.									
SIGNATURE_	Signature, typed o	r printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent s	ignatura require	d when reinstating)	 	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu											
	ıy 1, 2008		T	•		.00 May Be ded to Fees					
10.	iy 1, 2008	Fee will be \$550	T	•		ded to Fees	/CHANGES TO OFF	FICERS AN	ND DIRECTOR	S IN 11	
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TITLE	PD	OFFICERS AN OFFICERS AN PHILLIP T H AVENUE	D DIRECTORS	tribution. 11. TITLE	VF	ded to Fees ADDITIONS	/CHANGES TO OFF	FICERS AN			
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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: