

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                 |                                                                                                                     |                                                |                                                                                                                         |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000087992</b><br>1. Entity Name<br><b>SUPER ENTERPRISES OF NORTH MIAMI BEACH, INC.</b>                                                                                                                         |                                                                                                                     |                                                |                                                                                                                         |                                                                                                                                      |  |
| Principal Place of Business<br><b>16940 NE 19TH AVE.<br/>NORTH MIAMI BEACH FL 33162</b>                                                                                                                                         |                                                                                                                     |                                                | Mailing Address<br><b>16940 NE 19TH AVE.<br/>NORTH MIAMI BEACH FL 33162</b>                                             |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                           |                                                                                                                     |                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                               |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                    |                                                                                                                     |                                                | City & State                                                                                                            |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                             |                                                                                                                     | Country                                        |                                                                                                                         | Zip                                                                                                                                  |  |
| Country                                                                                                                                                                                                                         |                                                                                                                     | Country                                        |                                                                                                                         | 4. FEI Number <b>65-1140312</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                       |                                                                                                                     |                                                |                                                                                                                         | Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CIASCA, PATRICIA<br/>16940 NE 19TH AVE.<br/>NORTH MIAMI BEACH FL 33162</b>                                                                                            |                                                                                                                     |                                                |                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 agree to the obligations of registered agent. |                                                                                                                     |                                                |                                                                                                                         |                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____                                                                                                                                         |                                                                                                                     |                                                |                                                                                                                         |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                 |                                                                                                                     |                                                |                                                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> Added to Fee                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                      |                                                                                                                     |                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | PD<br><b>CIASCA, PATRICIA<br/>16940 NE 19TH AVE.<br/>NORTH MIAMI BEACH FL 33162</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000489525</b><br><b>04/18/06-80019-007 150.00</b> |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | S<br><b>BOBBIE, ELMORE<br/>PO BOX 551418<br/>FT LAUDERDALE FL 33355</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                            |                                                                                                                                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** PATRICIA A CIASCA **2-10-2006**