## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AM Secretary of State

ANNUAL REPURT					Secretary of State			
DOCUMENT # P01000101676  1. Entity Name SUPERA-TEC SCREEN PRINTING INC.						or courty or c		
6561 44TH ST #3002		Mailing Address 6561 44TH ST #3002 PINELLAS PARK, FL 33781-5939						
D	O NOT WRITE	IN THIS SPA	CE	02222004 4. FEI Numbe 59-3508	Na Chg-P	CR2E034 (10/03)  Applied  Not App	For	
		-	and the state of t	5. Certificate	of Status Desired	\$8.75 Additions	tl	
	5. Name and Address of Current Ro	gistered Agent			· · · · · · · · · · · · · · · · · · ·			
YARIO, JOH 6561 44TH : PINELLAS F		-			NOT WI			
the obligation	named entity submits this statement for the stat	he purpose of changing its register	ed office or registe	red agent, or boti	n, in the State of Flor	ida. I am familiar with, and a	accept	
SIGNATUREsi	lignature, typed or printed name of registered agent and	title if applicable. (NOTE, Registere	ad Agent signature require	d when reinstating)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	DATE		
FILE After May	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.00	S. Election Campaign Final     Trust Fund Contribution.		.00 May Be ted to Fees				
10.	OFFICERS AND D	RECTORS						
NAME STREET ADDRESS	P YARIO, JOHN V 6561 44TH ST #3002 PINELLAS PARK, FL 337815939		· · · ·	_		FACON 2008		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000L 04/29/0	100140347 14-80158-007 151	0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SP	ACE		
TITLE			7					

12. I hereby certify that the information supplied with this filling 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 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John YARIO

727-5-1-1294

Daytimu Phone #