

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan-13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000061592**

1. Entity Name  
**SUPER SPORT AUTO INC.**



Principal Place of Business  
**1890 S HWY 17-92  
LONGWOOD, FL 32750**

Mailing Address  
**1890 S HWY 17-92  
LONGWOOD, FL 32750**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0612143**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, JOSE  
1890 S HWY 17-92  
LONGWOOD, FL 32750**

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

*Signature, typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**1100000386459  
01/18/06-80060-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HERNANDEZ, ZOILA  
1890 S HWY 17-92  
LONGWOOD, FL 32750**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HERNANDEZ, JOSE D  
1890 S HWY 17-92  
LONGWOOD, FL 32750**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**JD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-10-06**

Date

**407-331-7288**

Daytime Phone #