

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90557 040 \*\*\*158.75

<b>DOCUMENT # P02000092698</b>					
<b>1. Entity Name</b> SUPERIOR MARKETING CONSULTANTS, INC.					
<b>Principal Place of Business</b> 240 ROBINS REST CIR DAVENPORT, FL 33896    US			<b>Mailing Address</b> 717 E. OAK STREET KISSIMMEE, FL 34744    US		
<b>2. Principal Place of Business</b> 5267 Images Cr. Suite, Apt. #, etc. # 308 City & State Kissimmee, FL Zip 34746    Country U.S.A.		<b>3. Mailing Address</b> 5267 Images Cr. Suite, Apt. #, etc. 308 City & State Kissimmee, FL. 34746 Zip 34746    Country U.S.A.			
04142004    Chg-P    CR2E034 (10/03)				<b>4. FEI Number</b> 54-2069691	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SWART, HARRY J CPA 240 ROBINS REST CIR DAVENPORT, FL 33896			<b>7. Name and Address of New Registered Agent</b> Name Blanco, Rossana Street Address (P.O. Box Number is Not Acceptable) 5267 Images Cr. # 308 City Kissimmee, FL    Zip Code 34746		
<b>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.</b> SIGNATURE <u>Rafael Boreo</u> <u>Rossana Blanco</u> <u>04/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD JOHNSON, ROBERT D 240 ROBINS REST CIR DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, ISABEL 240 ROBINS REST CIR DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Blanco, Isabel 5267 Images Cr. # 308 Kissimmee, FL. 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Blanco, Rossana 5267 Images Cr. # 308 Kissimmee, FL. 34746 <input type="checkbox"/> Change <input checked="" 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		
<b>12. I hereby certify that the information supplied with this filing 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 another like empowered.</b>					
<b>SIGNATURE:</b> <u>Rafael Boreo</u>			<u>Isabel Blanco</u> <u>04/23/04</u> <u>407-397-3005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		