

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000092998

FILED  
Dec 05, 2004  
Secretary of State

Entity Name: SUPERIOR INTERNATIONAL INVESTMENTS CORPORATION

## Current Principal Place of Business:

219 ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

## New Principal Place of Business:

PO BOX 120941  
CLERMONT, FL 34712

## Current Mailing Address:

219 ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

## New Mailing Address:

PO BOX 120941  
CLERMONT, FL 34712

FEI Number: 27-0027975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENEVIDES, PETE  
219 ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

## Name and Address of New Registered Agent:

BENEVIDES, PETE  
PO BOX 120941  
CLERMONT, FL 34712 US

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.

SIGNATURE: PETE BENEVIDES

12/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BENEVIDES, PETE  
Address: 219 ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: V (X) Delete  
Name: BENEVIDES, PETE  
Address: 219 ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: S (X) Delete  
Name: BENEVIDES, PETE  
Address: 219 ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: BENEVIDES, PETE  
Address: PO BOX 120941  
City-St-Zip: CLERMONT, FL 34712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE BENEVIDES

PVST

12/05/2004

Electronic Signature of Signing Officer or Director

Date