

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90715 016 ***150.00

DOCUMENT # P02000105311 1. Entity Name SUPERCUPLE.COM, INC.					
Principal Place of Business 3070 HIGH RIDGE RD STE 555 BOYNTON BEACH, FL 33426			Mailing Address P.O. BOX 244774 BOYNTON BEACH, FL 33424		
2. Principal Place of Business <i>16 Pepperwood Crt</i>		3. Mailing Address <i>P.O. BOX 244764</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Boynton Beach		City & State Boynton Beach		4. FEI Number 65-1017049	
Zip 33426		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33424		Country USA		6. Name and Address of Current Registered Agent LANIER, TIFFANY J ESQ. 3020 HIGH RIDGE RD STE 555 BOYNTON BEACH, FL 33426	
7. Name and Address of New Registered Agent Name <i>Lanier Tiffany J Esq</i>		Street Address (P.O. Box Number is Not Acceptable) <i>16 Pepperwood Crt</i>			
City Boynton Beach		State FL		Zip Code 33426	
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 <i>Tiffany J. Lanier</i> DATE <i>5/1/4</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LANIER, JAMES 3020 HIGH RIDGE RD STE 555 BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <i>Lanier James</i> <i>16 Pepperwood Crt</i> <i>Boynton Beach FL 33426</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LANIER, TIFFANY 3020 HIGH RIDGE RD STE 555 BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <i>Lanier Tiffany J</i> <i>16 Pepperwood Crt</i> <i>Boynton Beach FL 33426</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINNAN, GRAHAM 3020 HIGH RIDGE RD STE 555 BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>mckinnan Graham</i> <i>4819 S. Classical Blvd</i> <i>Delray Beach FL 33445</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 all other like empowered.					
SIGNATURE <i>Tiffany J. Lanier</i> DATE <i>5/1/4</i> DAYTIME PHONE <i>561 301 8913</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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