


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 017 ***150.00

DOCUMENT # P03000013271	
1. Entity Name SUPERSONIC OF FLORIDA, INC.	

Principal Place of Business 660 REGENCY WAY KISSIMMEE, FL 32743 US	Mailing Address 501 MADISON AVE, 5TH FLOOR NEW YORK, NY 10022 US
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40026060



2. Principal Place of Business - No P.O. Box # 10480 NW SOUTH DRIVE	3. Mailing Address 524 WEST 46th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2nd Floor

02092007 Chg-P CR2E034 (12/06)

City & State MEDLEY, FL	City & State NEW YORK, NY
Zip 33178	Country USA
Country USA	Zip 10036
Country USA	Country USA

4. FEI Number 54-2095656	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAUTISTA, LORNA 660 REGENCY WAY KISSIMMEE, FL 32743	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u><i>Lorna Bautista</i></u>	LORNA BAUTISTA
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PRES VIZCAINO, LUIS 28 ELMWOOD AVE BOGOTA, NJ 07603	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SECRETARY MARCO PUTRE 23 QUINTREE LANE MELVILLE, NY 11747	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u><i>MARCO PUTRE</i></u>	MARCO PUTRE	Date: <u>2/21/07</u>	Daytime Phone #: <u>(212) 446-2400</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P03000013271

Business Entity Name

SUPERSONIC OF FLORIDA, INC.

FEI Number

542095656

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of State Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

660 REGENCY WAY

Suite, Apt. #, etc.

City, State

KISSIMMEE

FL

Zip Code & Country

32743

US

Mailing Address

Address

524 W. 46TH STREET

Suite, Apt. #, etc.

City, State

NEW YORK

NY

Zip Code & Country

10036

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

BAUTISTA

LORNA

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

660 REGENCY WAY

Suite, Apt. #, etc.

City, State

KISSIMMEE

FL

Zip Code & Country

32743

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PRES		
Name (Last, First, Middle, Title)	VIZCAINO	LUIS	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	10 PALISADES ROAD		
City, State	OLD BRIDGE	NJ	
Zip Code & Country	08857	US	
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			
Title			

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

CONTROLLER

Officer/Director Signature

Hernan Bautista

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.851.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true

Continue

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