

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ATTN: 10/3
OCT 11 2004
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TO 2004 OCT -8 PM 12:49
CUC

DOCUMENT # P03000021657

1. Entity Name
SUPERIOR ATHLETICS INTERNATIONAL, INC.



Principal Place of Business
3606 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 US

Mailing Address
3606 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 US

2. Principal Place of Business
P.O. Box 670903
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 670903
Suite, Apt. #, etc.

City & State
Coral Springs, FL
Zip
33067
Country
USA

City & State
Coral Springs, FL
Zip
33067
Country
USA



09282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
CORRADO, MICHELLE
3606 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065

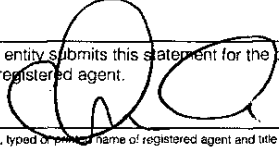
4. FEI Number
45-0510899

Applied For
☐ Not Applicable

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

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:  MICHELLE CORRADO OCT 1.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

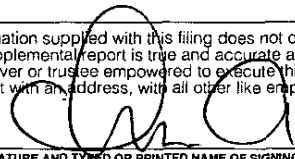
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRADO, MICHELLE 3606 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300041710363 10/08/04--01033--005 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> 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:  OCT 1.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/11