

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90037 009 \*\*\*150.00

<b>DOCUMENT # P03000025541</b> 1. Entity Name <b>SUPERIOR SUPPLIES, INC.</b>			
Principal Place of Business <b>3400 SW 10TH STREET DEERFIELD BEACH, FL 33442</b>		Mailing Address <b>3400 SW 10TH STREET DEERFIELD BEACH, FL 33442</b>	
2. Principal Place of Business <b>4100 N. Powerline Rd. Suite 0-3 Pompano Beach, FL 33073 U.S.</b>		3. Mailing Address <b>P.O. Box 812104 Boca Raton, FL 33481 U.S.</b>	
4. FEI Number <b>83-0362138</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCRAE, MITCHELL T ESQ 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484</b>		7. Name and Address of New Registered Agent Name <b>Brad Strayer</b> Street Address (P.O. Box Number is Not Acceptable) <b>4100 N. Powerline Rd. Suite 0-3</b> City <b>Pompano Beach FL</b> Zip Code <b>33481</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. SIGNATURE <u><i>Blair Hines</i></u> DATE <b>2/18/04</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST STRAYER, BRAD 3400 SW 10TH STREET DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4100 N. Powerline Rd., Suite 0-3 Pompano Beach, FL 33073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Blair Hines</i></u>		Date <b>2/18/04</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			