


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90205 018 \*\*\*150.00


<b>DOCUMENT # P03000025541</b>	
1. Entity Name <b>SUPERIOR SUPPLIES, INC.</b>	

Principal Place of Business <b>6780 E ROGERS CIRCLE BOCA RATON, FL 33487</b>	Mailing Address <b>PO BOX 812104 BOCA RATON, FL 33481</b>
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2. Principal Place of Business No P.O. Box # <b>2411 NW 1st AVE</b>	3. Mailing Address <b>2411 NW 1st AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33481</b>	Zip <b>33481</b>
Country <b>Palm Bch</b>	Country <b>Palm Bch</b>

**40086333**



04242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>STRAYER, BRAD 6780 E. ROGERS CIRCLE BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>STRAYER, BRAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2411 NW 1st AVE</b> City <b>Boca Raton</b> FL Zip Code <b>33481</b>	
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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 *Brad Strayer* (NOTE: Registered Agent signature required when reinstating) DATE 4/24/07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST STRAYER, BRAD 6780 E. ROGERS CIRCLE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2411 NW 1st AVE Boca Raton, FL 33481</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAYER, BRAD 6780 E. ROGERS CIRCLE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2411 NW 1st AVE Boca Raton, FL 33481</b>
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 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.

SIGNATURE: *Brad Strayer* 4/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #