

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-04-2004 90079 001 ***150.00

DOCUMENT # P03000030956

1. Entity Name

SUPER SOONER, INC.



Principal Place of Business
**23013 SANDLEFOOT PLAZA DRIVE
BOCA RATON FL 33428**

Mailing Address
**23013 SANDLEFOOT PLAZA DRIVE
BOCA RATON FL 33428**

00406106



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0057163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NG-KWOK H.
11815 BAYFIELD DRIVE
BOCA RATON FL 33498**

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **PS** ☐ Delete
NAME **NG, KWOK H.**
STREET ADDRESS **11815 BAYFIELD DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ng Kwok Hung

2/13/04

ATTACHMENT

Security enhanced document. See back for details.

0092

63-1407/670
01

DATE 1-30-04

PAY TO THE ORDER OF Florida Department of state

\$ 150.00

One Hundred fifty only

DOLLARS

Security features are indicated inside the back.



GREAT EASTERN BANK
OF FLORIDA

4601 N.W. 72ND AVENUE
MIAMI, FLORIDA 33166

#P03000030956

OR 2004 Profit Corporation Annual Report

[Signature]