

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90074 007 ***150.00

DOCUMENT # P03000031906 1. Entity Name SUPERIOR ADVERTISING, INC.			
Principal Place of Business 291 S.W. 27TH AVENUE MIAMI FL 33135		Mailing Address 291 S.W. 27TH AVENUE MIAMI FL 33135	
2. Principal Place of Business 479 NW 27 ave Suite, Apt. #, etc.		3. Mailing Address 479 NW 27 ave Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33125		City & State MIAMI, FL Zip 33125	
Country USA		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TACHER, MARIO 291 S.W. 27TH AVENUE MIAMI FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 479 NW 27th AVENUE City MIAMI, FL Zip Code 33125	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 4/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TACHER, MARIO 291 S.W. 27TH AVENUE MIAMI FL 33135	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	479 NW 27 ave MIAMI, FL 33125	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/04 Daytime Phone # (305) 644-2211	

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MOORE CR2E034 (11/03)