


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000040804		
1. Entity Name SUPERIOR EQUIPMENT REPAIR, INC		

Principal Place of Business 3750 HACIENDA BLVD. SUITE F DAVIE, FL 33329 US	Mailing Address 3750 HACIENDA BLVD SUITE F DAVIE, FL 33329 US
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2. Principal Place of Business 4030 S.W. 30th Ave.	3. Mailing Address P.O. Box 290172
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood, Florida	City & State Davie, Florida
Zip 33312	Zip 33329
Country USA	Country

FILED
05 AUG 28 PM 3: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08222006 Chg-P CR2E034 (11/05)

4. FEI Number
90-0066531

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

6. Name and Address of Current Registered Agent PARRISH, WALLACE JR 3750 HACIENDA BLVD SUITE F DAVIE, FL 33329	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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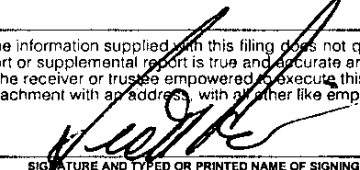
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P PARRISH, WALLACE JR 4601 SW 42 AVENUE FORT LAUDERDALE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott Parrish - Owner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4030 S.W. 30th Avenue Hollywood, FL 33312
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 000079230220 08/29/06--01060--011 **\$61.25
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
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

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:  DATE: 7/13/06 (554) 792-9727 DAYTIME PHONE #