

FILED  
Apr 10, 2006 8:00 am  
Secretary of State

04-10-2006 90342 041 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000085998  
1. Entity Name  
SUPERLATIVE ENTERPRISES INC.



2. Principal Place of Business  
10460 ROOSEVELT BLVD N #242  
Suits, Apt. #, etc.  
# 242

3. Mailing Address  
SAME  
State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST PETERSBURG, FL

City & State

4. FEI Number 47-0926544

Additional Fee Applied

Zip 33716

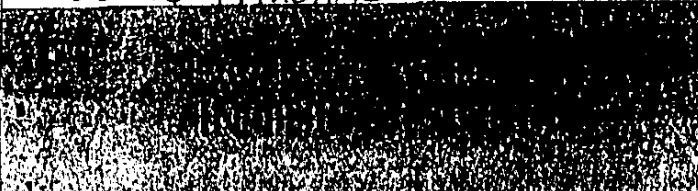
County PINELLAS

Zip

County

5. Certificate of Status Desired

\$8.75 Additional Fee Required



7. Name and Address of Current Registered Agent  
Name GENE BRICE  
Street Address (P.O. Box Number is Not Acceptable) 10460 ROOSEVELT BLVD N #242  
City ST PETERSBURG FL Zip 33716

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.

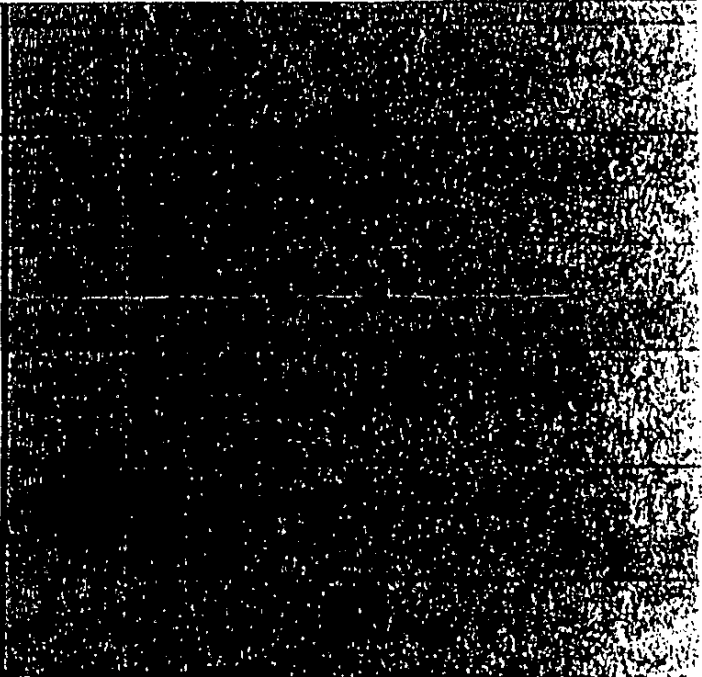
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_



9. Election Campaign Financing Trust Fund Contribution  \$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.V.S.T
NAME	GENE BRICE
STREET ADDRESS	10460 ROOSEVELT BLVD N #242
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other filers empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/1/06  
Date

Days to Close