2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000099339

1. Entity Name

SUPÉRIOR TRANSPORT CORPORATION



FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

8360 SUNEETSTAP SLNFISE FL 333222

8360 SLNSETSTHP SLN795E FL 333322



02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-2390026

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

5. Name and Address of Current Registered Agent

BOODHAL NANDLAL 8360 SUNSET STRIP SUNRISE, FL 33322

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the obligat	ions of registered agent				
SIGNATURE.	Signature, typed or printed name of registered agent and title I	f applicable. (NOTE: fragistered Agent signature	re required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000450577 03/10/06-80012-003	150.00
10.	OFFICERS AND DIREC	CTORS		4	-
TITLE NAME STREET ADDRESS CUTY - ST - ZIP TITLE NAME STREET ADDRESS CUTY - ST - ZIP	P BOODHAI, NANDLAL 8360 SUNSET STRIP SUNRISE, FL 33322 D BOODHAI, TARA 8360 SUNSET STRIP SUNRISE, FL 33322			· · · · · · · · · · · · · · · · · · ·	•
TITLE . NAME STREET ADDRESS CITY-S1-ZIP TITLE				NOT WRITE	

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

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 direction 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 changed, or on an affaction with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Brescho

2/2/106