

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 11, 2008
Secretary of State**

DOCUMENT# P04000079256

Entity Name: SUPERFITS ENTERPRISES, INC.

Current Principal Place of Business:

1141 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1141 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 81-0650231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTIELLA, IVETTE
1141 WEST MCNAB ROAD
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CARLINO, CRAIG
Address: 1141 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: V.P. () Delete
Name: CORTIELLA, IVETTE
Address: 1141 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T () Change (X) Addition
Name: MARTINEZ, DAVID W
Address: 1355 NW 97TH AVE., SUITE 200
City-St-Zip: DORAL, FL 33172

Title: D () Change (X) Addition
Name: BURKE, ANTHONY
Address: 1355 NW 97TH AVE., SUITE 200
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG CARLINO

PRES

07/11/2008

Electronic Signature of Signing Officer or Director

_____ Date