2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

DOCUMENT # P04000087626 1. Entity Name SUPERIOR EVENT LIGHTING INC.			02-07-2008	90023 007 ***150.00	
Principal Place of Business 23108 POST GARDENS WAY, #212 BOCA RATON, FL 33433	Mailing Address 23108 POST GARDEN BOCA RATON, FL 33				
2. Principal Place of Business - No P.O.	Box # 3 Mailing Address	272 937			
Suite, Apt. #, etc. Boca Raton Fli	Suite, Apt. #, etc.	4 10 1	01152008 Chg-P	CR2E034 (12/06)	
City & State	Boca Ra	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 20-1214923	Applied For Not Applicable	
3 ² 3486 Country U.5	A 33 4 8 6	Palm Beach	Certificate of Status Desired Name and Address of New I	\$8.75 Additional Fee Required	
Name 🔾			II Jaakson		
JACKSON, SCOTT E 23108 POST GARDENS WAY,	Street Address	Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33433		1068	10685W 5 51		
city Deca to			2gton	FL <i>"</i> ያኝ <i>'</i> ያ⁄ያ	
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 Sphalture, typed or printed nagra cylegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
				<u>-</u>	
FILE NOW!!! FEÉ IS \$1 After May 1, 2008 Fee will	150.00 9. Election Camp be \$550.00 Trust Fund Co	paign Financing \$5 Intribution. Add	6.00 May Be ded to Fees		
10. OFF	FICERS AND DIRECTORS	11.		FICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	11TLE PA	H E. Jackson	Change	
NAME JACKSON, SCOTT E STREET ADDRESS 23108 POST GARDE		NAME STREET ADDRESS	(D. Jac- J.		
CITY-ST-ZIP BOCA RATON, FL 33		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME		NAME		_	
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CITY-ST-ZIP · · ·		CITY-ST-ZIP		TANKE TAKE	
TITLE NAME	Delete	TITLE NAME		☐ Change ☐ Addition	
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NAME		NAME			
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TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 disteremental 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 disteremental 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 disteremental 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 disteremental report is true.					