

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119142

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: SUPERIOR TECHNOLOGIES IN BROADCASTING, CORP.

## Current Principal Place of Business:

4301 N. FEDERAL HWY  
SUITE 6  
POMPANO BCH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

4301 N. FEDERAL HWY  
SUITE 6  
POMPANO BCH, FL 33064

## New Mailing Address:

FEI Number: 20-1500358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMES, GESIEL  
4301 N. FEDERAL HWY #6  
POMPANO BEACH, FL 33064 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RIBEIRO SOARES, DAVID BEZERRA  
Address: AVENIDA SAO JOAO 755 APT 85  
City-St-Zip: SANTA EFIGENIA SAO PAULO SP, BR 01035100

Title: D ( ) Delete  
Name: RIBEIRO SOARES, ANDRE BEZERRA  
Address: AVENIDA SAO JOAO 755 APT 85  
City-St-Zip: SANTA EFIGENIA SAO PAULO SP, BR 01035100

Title: D ( ) Delete  
Name: RIBEIRO SOARES, MARCOS BEZERRA  
Address: 4301 N. FEDERAL HWY #6  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete  
Name: GOMES, GESIEL  
Address: 4365 SW 10TH PL APT 105  
City-St-Zip: DEERFIELD BCH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GESIEL GOMES

D

03/15/2006

Electronic Signature of Signing Officer or Director

Date