



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90429 044 \*\*\*150.00

DOCUMENT # P05000054857 .						
1. Entity Name THE SUPERB HORS D'OEUVRE, CO.						
Principal Place of Business 2800 WESTON ROAD SUITE 201 WESTON, FL 33331 US		Mailing Address 2800 WESTON ROAD SUITE 201 WESTON, FL 33331 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number 20-4920145				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
MARVN S. SCHULMAN, P.A. 2800 WESTON RD. SUITE 201 WESTON, FL 33331		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
		City				
		FL		Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULMAN, MICHELLE D			NAME		
STREET ADDRESS	2800 WESTON ROAD, #201			STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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NAME				NAME		
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CITY-ST-ZIP				CITY-ST-ZIP		
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NAME				NAME		
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		Michelle D. Schulman		Date: 5/12/06	Daytime Phone #: 954-349-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						