

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116837

Entity Name: SUPERIOR SPEECH INC.

FILED
Jun 15, 2006
Secretary of State

Current Principal Place of Business:

717 PONCE DE LEON BOULEVARD
SUITE 234
CORAL GABLES, FL 33134

New Principal Place of Business:

814 PIZARRO STREET
CORAL GABLES, FL 33134

Current Mailing Address:

717 PONCE DE LEON BOULEVARD
SUITE 234
CORAL GABLES, FL 33134

New Mailing Address:

1605 BAY ROAD
#504
MIAMI BEACH, FL 33139

FEI Number: 02-0753366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK R.S. FABRE
717 PONCE DE LEON BOULEVARD
SUITE 234
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

POLA, DIANA
1605 BAY ROAD
#504
MIAMI BEACH, FL 33139 US

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: DIANA POLA

06/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLA, DIANA
Address: 717 PONCE DE LEON BLVD. #234
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: LOPEZ, LUCY
Address: 717 PONCE DE LEON BLVD. #234
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Delete
Name: FRANK R.S. FABRE,
Address: 717 PONCE DE LEON BLVD. #234
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, LUCY
Address: 814 PIZARRO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: POLA, DIANA
Address: 1605 BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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: DIANA POLA

VP

06/15/2006

Electronic Signature of Signing Officer or Director

Date