

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130284

FILED
Apr 27, 2006
Secretary of State

Entity Name: SUPERIOR HOSPITALITY SERVICES USA, INC.

Current Principal Place of Business:

3095 N COURSE DR #505
POMPANO BEACH, FL 33069

New Principal Place of Business:

2823 N COURSE DR #205
POMPANO BEACH, FL 33069

Current Mailing Address:

3095 N COURSE DR #505
POMPANO BEACH, FL 33069

New Mailing Address:

2823 N COURSE DR #205
POMPANO BEACH, FL 33069

FEI Number: 20-3524314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ORIOL E
3095 N COURSE DR #505
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

LOPEZ, ORIOL E
2823 N COURSE DR #205
POMPANO BEACH, FL 33069 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, ORIOL E
Address: 3095 N COURSE DR #505
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, ORIOL E
Address: 2823 N COURSE DR #205
City-St-Zip: POMPANO BEACH, FL 33069

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: ORIOL E LOPEZ

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date