2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000132023 02-10-2006 90031 021 ***158.75 SUPERIOR PRODUCTS & GENERAL CONTRACTING. Principal Place of Business Mailing Address 3107 ASHWOOD LANE 3107 ASHWOOD LANE SAFTEY HARBOR, FL 34695 SAFTEY HARBOR, FL 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 03-05712 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent holosvaru SPIEGĒL & UTRERĀ, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR Ashwood MIAMI, FL 33145 Lanes Zip Code 34695 City 5afe44 arbor 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. DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition Change KOLOSVARY, PETER J NAME MAME STREET ADORESS 3107 ASHWOOD LANE STREET ADDRESS CITY-ST-7/P SAFTEY HARBOR, FL 34695 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition KOLOSVARY, NANCY A NAME 3107 ASHWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFTEY HARBOR, FL 34695 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Detete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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:

FILED

Feb 10, 2006 8:00 am