

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000143615



1. Entity Name

SUPERIOR INTERIOR DESIGNS, INC.

Principal Place of Business

5511 NW 77TH COURT
POMPANO BEACH FL 33043

Mailing Address

5511 NW 77TH COURT
POMPANO BEACH FL 33043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Applied For:

Not Applicable

6. Name and Address of Current Registered Agent

PALMA, GARY
5511 NW 77TH COURT
POMPANO BEACH FL 33043

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
\$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PS Delete
NAME: PALMA, GARY
STREET ADDRESS: 5511 NW 77TH COURT
CITY-ST-ZIP: POMPANO BEACH FL 33043

TITLE: V Delete
NAME: FORT, KEVIN
STREET ADDRESS: 5511 NW 77TH COURT
CITY-ST-ZIP: POMPANO BEACH FL 33043

TITLE: T Delete
NAME: VINCENT, PINZONE
STREET ADDRESS: 5511 NW 77TH COURT
CITY-ST-ZIP: POMPANO BEACH FL 33043

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06 (954)421-3283

Date

Daytime Phone #

**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-08-2006 90193 027 ***150.00

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1st MOORE CR2E034 (10/05)