

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000145752

1. Entity Name
SUPERIOR SERVICE & SALES, INC.



**FILED
Jan 20, 2006 8:00 am
Secretary of State**

01-20-2006 90031 011 ***158.75

Principal Place of Business
9047 NW 113TH ST.
HIALEAH GARDENS, FL 33018

Mailing Address
9047 NW 113TH ST.
HIALEAH GARDENS, FL 33018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3704002

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE I. PADIAL, PA
9047 NW 113TH ST.
HIALEAH GARDENS, FL 33018

Name **OYALDA TUDELA**

Street Address (P.O. Box Number is Not Acceptable)

9047 NW 113 STREET

City **HIALEAH GARDENS FL** Zip Code **33018**

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

OYALDA TUDELA, SECRETARY

1/14/06 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUDELA, NELSON 9047 NW 113TH ST. HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUDELA, OYALDA 9047 NW 113TH ST. HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Oyalda Tudela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OYALDA TUDELA

1/14/06 (305)409-4578

Date

Daytime Phone #