

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90026 036 \*\*\*158.75

DOCUMENT # P05000147884

1. Entity Name

SUPERIOR AUTOMOTIVE TRAINING CORP



Principal Place of Business

5400 NW 79 AVE  
DORAL FL 33166  
US

Mailing Address

5400 NW 79 AVE  
DORAL FL 33166  
US



2. Principal Place of Business - No P.O. Box #

7541 NW 77 TERR

Suite, Apt. #, etc.

MEDLEY, FL. 33166

City & State

3. Mailing Address

7541 NW 77 TERR

Suite, Apt. #, etc.

MEDLEY, FL. 33166

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-3758833

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

Zip

Country

US

Zip

Country

US

6. Name and Address of Current Registered Agent

ARBOLEDA, LUIS A  
5400 NW 79 AVE  
DORAL FL 33166

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 reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ARBOLEDA, LUIS A  
STREET ADDRESS 5400 NW 79 AVE  
CITY- ST- ZIP DORAL FL 33166

TITLE VP ☐ Delete  
NAME ARBOLEDA, BARBARA L  
STREET ADDRESS 5400 NW 79 AVE  
CITY- ST- ZIP DORAL FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

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

2/21/07

Date

Daytime Phone #