

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148961

Entity Name: SUPER GAS MAXX, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

4982 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

4982 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-4023231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GROVES, CHARLES H
12501 NORTHEAST 5TH AVENUE
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WORRELL, DENNIS
Address: 3740 NW 71ST ST.
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD () Delete
Name: WORRELL, LUZVIMINDA
Address: 3740 NORTHWEST 71ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: STD () Delete
Name: ALINCASTRE, JENNIFER
Address: 3740 NORTHWEST 71ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUZVIMINDA WORRELL

VPD

04/27/2006

Electronic Signature of Signing Officer or Director

Date