

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162894

FILED
Jun 21, 2006
Secretary of State

Entity Name: SUPERIOR REALTY INTERNATIONAL, P.A.

Current Principal Place of Business:

8640 CEDAR HAMMOCK CIRCLE, #522
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

8640 CEDAR HAMMOCK CIRCLE, #522
NAPLES, FL 34112

New Mailing Address:

FEI Number: 46-9926103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OVERSON, SHARON
8640 CEDAR HAMMOCK CIRCLE, #522
NAPLES, FL 34112 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: OVERSON, SHARON JANE
Address: 8640 CEDAR HAMMOCK CIRCLE, #522
City-St-Zip: NAPLES, FL 34112

Title: PSD () Delete
Name: OVERSON, SHARON JANE
Address: 8640 CEDAR HAMMOCK CIRCLE, #522
City-St-Zip: NAPLES, FL 34112

Title: VCFO () Delete
Name: GLICKMAN, VALIANT C
Address: 8640 CEDAR HAMMOCK CIRCLE, #522
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VCFO (X) Change () Addition
Name: GLICKMAN, VALIANT C
Address: 8640 CEDAR HAMMOCK CIRCLE, #524
City-St-Zip: NAPLES, FL 34112

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: SHARON OVERSON

PSD

06/21/2006

Electronic Signature of Signing Officer or Director

_____ Date