

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Feb 14, 2007 8:00 am
Secretary of State

01-22-2007 90109 030 ***150.00

DOCUMENT # P06000021378 1. Entity Name SUPERIOR SALES COMPANY					
Principal Place of Business 820 SOUTH HOLLYBROOK DRIVE #57-108 PEMBROKE PINES, FL 33025			Mailing Address 820 SOUTH HOLLYBROOK DRIVE #57-108 PEMBROKE PINES, FL 33025		
2. Principal Place of Business - No P.O. Box # Suite, Apt., etc.			3. Mailing Address Suite, Apt., etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-3921618	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.1. --		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIENSTAG, TOBI 820 SOUTH HOLLYBROOK DRIVE #57-108 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Tobi Dienstag / TOBI DIENSTAG		1-18-07		254 329-8451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	