## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000103904

Entity Name: SUPER TRIM CFL INC.

FILED Jun 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

831 MAYBROOK DR. 823 MAYBROOK DR. DELTONA, FL 32725 US DELTONA, FL 32725

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Current Mailing Address: New Mailing Address:

831 MAYBROOK DR. 823 MAYBROOK DR.

DELTONA, FL 32725 US DELTONA, FL 32725 US

FEI Number: 33-1167541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLANCO, LORENZO

831 MAYBROOK DR.

DELTONA, FL 32725 US

BENDEL, STEPHANIE A

823 MAYBROOK DR.

DELTONA, FL 32725 US

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: STEPHANIE A BENDEL 06/21/2007

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: P/D () Delete Title: P/D (X) Change () Addition
Name: BLANCO, LORENZO Name: BENDEL, STEPHANIE A
Address: 831 MAYBROOK DR. Address: 823 MAYBROOK DR.

 Address:
 831 MAYBROOK DR.
 Address:
 823 MAYBROOK DR.

 City-St-Zip:
 DELTONA, FL 32725 US
 City-St-Zip:
 DELTONA, FL 32725 US

Title: VP/T ( ) Delete Title: VP (X) Change ( ) Addition Name: BLANCO, LORENZO Name: BLANCO, LORENZO

 Name:
 BLANCO, LORENZO
 Name:
 BLANCO, LORENZO

 Address:
 831 MAYBROOK DR.
 Address:
 831 MAYBROOK DR.

 City-St-Zip:
 DELTONA, FL 32725 US
 City-St-Zip:
 DELTONA, FL 32725 US

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BLANCO, LORENZO
 Name:

 Address:
 831 MAYBROOK DR.
 Address:

 City-St-Zip:
 DELTONA, FL 32725 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE A BENDEL PD 06/21/2007