## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000025169

City-St-Zip:

FILED May 29, 2008 Secretary of State

Entity Nan	ne: SUPERIOR	PRODUCTS & SERVICES, IN	C.		•	
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
1800 NW 186TH STREET MIAMI, FL 33056			26 NE 167	26 NE 167 STREET		
			NORTH MI	NORTH MIAMI BEACH, FL 33162		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
1800 NW 186TH STREET				26 NE 167 STREET A		
MIAMI, FL 33056			NORTH MIAMI BEACH, FL 33162			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BARNES, JAMYE S 1800 NW 186TH STREET MIAMI, FL 33056 US			A	26 NE 167 STREET		
The above in the State		bmits this statement for the pur	pose of changing it	ts registered	office or registered agent, or both,	
SIGNATURE: JAMYE BARNES				05/29/2008		
	Electronic	Signature of Registered Agent			Date	
		2)(b), F.S., the corporation did not re Trust Fund Contribution ( ).	eceive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D BARNES, JAMYE 1800 NW 186TH S MIAMI, FL 33056	S STREET	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( ) D	elete	Title: Name: Address: City-St-Zip:	GEE, SEAN 26 NE 167 ST	) Change (X) Addition REET MI BEACH, FL 33162 US	
Title: Name: Address:	( ) D	elete	Title: Name: Address:	D ( LOYALTY, 8801 NW 22 A	) Change (X) Addition	

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.

City-St-Zip:

MIAMI, FL 33147 US

SIGNATURE: JAMYE BARNES P 05/29/2008