

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000044504

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SUPERIOR ADMINISTRATIVE SERVICES, INC.

**Current Principal Place of Business:**

15635 NW 2ND CT  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 613664  
NORTH MIAMI, FL 33261 US

**New Mailing Address:**

**FEI Number:** 20-8912592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERRE LOUIS, ALEX  
15635 NW 2ND CT  
MIAMI, FL 33169 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PIERRE LOUIS, ALEX  
**Address:** PO BOX 613664  
**City-St-Zip:** NORTH MIAMI, FL 33261 US

**Title:** VP  
**Name:** PIERRE-LOUIS, CHRISTELLE  
**Address:** PO BOX 613664  
**City-St-Zip:** NORTH MIAMI, FL 33261

I hereby 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 all other like empowered.

**SIGNATURE:** ALEX PIERRE LOUIS

P

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date