


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90003 025 ***150.00

DOCUMENT # P94000009734 1. Entity Name SUPERAVIT, INC.			
Principal Place of Business 4107 UNIVERSITY DRIVE CORAL GABLES, FL 33146 US		Mailing Address 4107 UNIVERSITY DRIVE CORAL GABLES, FL 33146 US	
2. Principal Place of Business <i>1139 Campo Sano Ave.</i>		3. Mailing Address <i>1139 Campo Sano Ave.</i>	
Suite, Apt. #, etc. <i>-</i>		Suite, Apt. #, etc. <i>-</i>	
City & State <i>Coral Gables FL</i>		City & State <i>Coral Gables FL</i>	
Zip <i>33146</i>		Zip <i>33146</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0467161		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAO, OLGA NODARSE 4107 UNIVERSITY DRIVE CORAL GABLES, FL 33146 <i>1139 Campo Sano Ave.</i> <i>Coral Gables FL 33146</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. SIGNATURE <i>Olga Nodarse Chao</i> DATE <i>9-1-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete CHAO, OLGA NODARSE 4107 UNIVERSITY DRIVE CORAL GABLES, FL <i>as above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Olga Nodarse Chao</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>9-1-04</i> Daytime Phone # <i>305-663-0339</i>	