

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90101 017 ***150.00

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1. Entity Name
SUPERIOR EQUIPMENT SERVICES INC.



Principal Place of Business
**13690 N.W. 22ND AVE.
OPA LOCKA, FL 33054 US**

Mailing Address
**13690 N.W. 22ND AVE.
OPA LOCKA, FL 33054 US**



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0679444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEARON, WINSTON W
13690 N.W. 22ND AVENUE
OPA LOCKA, FL 33154**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FEARON, WINSTON**
STREET ADDRESS **13690 N.W. 22ND AVENUE**
CITY-ST-ZIP **OPA LOCKA, FL 33054**

TITLE **P**
NAME **FEARON, WINSTON W**
STREET ADDRESS **13690 N.W. 22ND AVENUE**
CITY-ST-ZIP **OPA LOCKA, FL 33054**

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

WINSTON W. FEARON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06
Date

Date

Daytime Phone #

**954-383-3358
(305) 880-7542**