

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90070 026 \*\*\*150.00

<b>DOCUMENT # P95000089673</b>			
<b>1. Entity Name</b> SUPERIOR AUTOS INC.			
<b>Principal Place of Business</b> 160 NW 79TH STREET MIAMI, FL 33150		<b>Mailing Address</b> 160 NW 79TH STREET MIAMI, FL 33150	
<b>2. Principal Place of Business</b> 174 N.W. 79 street Suite, Apt. #, etc. MIAMI		<b>3. Mailing Address</b> 174 N.W. 79 street Suite, Apt. #, etc. MIAMI, FL	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33150		<b>Country</b> U.S.A.	
<b>4. FEI Number</b> 65-0630753		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BACCHUS, MOSES 160 NW 79TH STREET MIAMI, FL 33150		<b>7. Name and Address of New Registered Agent</b> Name: MOSES BACCHUS Street Address (P.O. Box Number is Not Acceptable): 174 N.W. 79 street City: MIAMI, FL Zip Code: 33150	
<b>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.</b>			
<b>SIGNATURE:</b> _____ (NOTE: Registered Agent signature required when re-registering)			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD	<b>NAME</b> BACCHUS, MOSES <b>STREET ADDRESS</b> 160 NW 79TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33150	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD	<b>NAME</b> BACCHUS, JASON <b>STREET ADDRESS</b> 160 NW 79TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33150	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD	<b>NAME</b> BACCHUS, JOYCELYN <b>STREET ADDRESS</b> 160 NW 79TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33150	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____	<b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____	<b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Jason P. Bacchus</u>		<b>JASON P. BACCHUS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-5-05 Daytime Phone #: 305-758-2177	