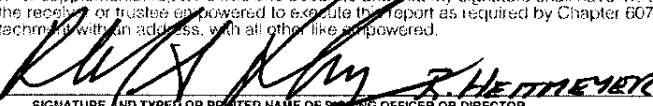


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90211 041 ***150.00

DOCUMENT # P96000012794			
1. Entity Name SUPERIOR ASSET EQUITY CORPORATION			
Principal Place of Business 745 US HWY 1 STE 209 NORTH PALM BEACH, FL 33408 US		Mailing Address 745 US HWY 1 STE 209 NORTH PALM BEACH, FL 33408 US	
2. Principal Place of Business 8191 CYPRESS POINT RD. Suite, Apt. #, etc.		3. Mailing Address 8191 CYPRESS POINT RD. Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL Zip 33412 Country U.S.A.		City & State WEST PALM BEACH, FL Zip 33412 Country U.S.A.	
4. FEI Number 65-0652194		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HEITMEYER, RICHARD 745 US HWY 1 STE 209 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8191 CYPRESS POINT RD. City WEST PALM BEACH FL Zip Code 33412	
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ☐ Delete HEITMEYER, RICHARD A 745 US HWY 1, STE 209 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8191 CYPRESS POINT RD. WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  R. HEITMEYER		4/24/04	561-776-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #