

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90004 025 ***150.00

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02142006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000006851			
1. Entity Name SUPER AUTO SALES, INC.			
Principal Place of Business 7261 NW 43 STREET MIAMI, FL 33166		Mailing Address P.O. BOX 143162 CORAL GABLES, FL 33114	
2. Principal Place of Business		3. Mailing Address P.O. BOX 140274	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip	Country
		FL	USA
4. FEI Number 65-0722363		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIEDE, ERNESTO 8664 NW 2 LANE MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP PRIEDE, ERNESTO 8664 NW 2 LANE MIAMI, FL 33126 <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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or on the general 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 registered agent 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: 		Date: 2/18/06 305 888-6674	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	