2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103394

1. Entity Name
SUPERB, INC.

Principal Place of Business	Mailing Address
8077 W OAKLAND PK BLVD SUNRISE, FL 33351	8077 W OAKLAND PK BLVD SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

04142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0802921	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AURIEMMO, DAVID
11830 NW 5 COURT
PLANTATION, FL 33325

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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	AURIEMMO, DAVID	
STREET ADDRESS	11830 NW 5 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE	V	
NAME	AURIEMMO, VITALYN	
STREET ADDRESS	11830 NW 5 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	

04/18/05-80165-004 150.00

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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: _Vitalyn Auriemmo_   Vitalyn Auriemmo   4-15-05   954-748-8447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #