

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000103394

1. Entity Name
SUPERB, INC.



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

Mailing Address
**8077 W OAKLAND PK BLVD
SUNRISE, FL 33351**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0802921

Applied For
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, 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 **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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1100000487370
04/14/06-80017-005 150.00

**DO NOT WRITE
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 7, 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:

David Auriemmo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 954-474-2508
Date Daytime Phone #