

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

2007 SEP 10 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000096054**

1. Entity Name
SUPERIOR TRANSPORTATION STORAGE INC



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2. Principal Place of Business - No P.O. Box #
1265 SPRUCE AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

4. FEI Number
593550558

Applied For
Not Applicable

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

Zip **32824** Country **U.S.A**

Zip Country

CR2E034B (5/07)

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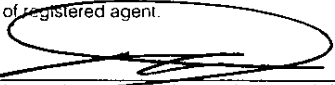
7. Name and Address of Current Registered Agent

Name
MOHAMED ALIBRAHIM

Street Address (P.O. Box Number is Not Acceptable)
1265 SPRUCE AVE


City **ORLANDO** FL Zip Code **32824**

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  **MOHAMED ALIBRAHIM** **500109594145**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25 ✓
Make Check Payable to Florida Department of State

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



10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MOHAMED ALIBRAHIM 1265 SPRUCE AVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE VICE-PRESIDENT KHALID ALIBRAHIM 1265 SPRUCE AVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 on an attachment with an address, with all other filers empowered.

SIGNATURE:  **MOHAMED ALIBRAHIM** **09/04/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #