

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000105574**

1. Entity Name  
**SUPER ELIER, INC.**



Principal Place of Business

**2473 42ND ST SW  
NAPLES, FL 34116**

Mailing Address

**2473 42ND ST SW  
NAPLES, FL 34116**

**DO NOT WRITE IN THIS SPACE**



05262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3541866**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TOLEDO, ELIER  
2473 42ND ST SW  
NAPLES, FL 34116**

**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 \$550.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	TOLEDO, ELIER
STREET ADDRESS	2473 42ND ST SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000566393  
05/31/06-80001-003 558.75

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/06

Date

Daytime Phone #