2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034051

1. Entity Name

SUPERIOR MARINE ELECTRONICS, INC.



Principal Place of Business Mai

113 NORTH FEDERAL HIGHWAY DANIA, FL 33004

Mailing Address

113 NORTH FEDERAL HIGHWAY DANIA, FL 33004

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90451 044 ***150.00

14016757



 \Box

DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0927732

04262004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ADAMS, GERALD J 113 NORTH FEDERAL HIGHWAY DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

DANIA, FL 33004				IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its reg	gistered office or r	egistered agent, or bo	h, in the State of Florida. I am familiar with, and	accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			egistered Agent signature	Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVTS BOCOMOLOV, FJODOR 1720 N. 17TH AVENUE, APT 1 HOLLYWOOD, FL 33020	CTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE					NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IIV.	THIS SPACE	

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CHTY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Daytime Phone #