


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000060891 1. Entity Name SUPER SYSTEMS, INC. |  |
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|---|---|
| Principal Place of Business 2200 NW 102ND AVENUE UNIT 5 MIAMI, FL 33172 | Mailing Address 2200 NW 102ND AVENUE UNIT 5 MIAMI, FL 33172 |
|---|---|



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-0975858 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ESTANISLAU, JOHN 3504 SW 173 TERRACE HOLLYWOOD, FL 33029 |
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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

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CPS ESTANISLAU, JOHN 3504 SW 173 TERRACE MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD ESTANISLAU, MARIA G 3504 SW 173 TERRACE MIRAMAR, FL 33029 |
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01/26/04-80013-013 150.00

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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: *John Estanislau* 1-21-04 (905) 471-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #