2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000060891

1. Entity Name SUPER SYSTEMS, INC.



Principal Place of Business

2200 NW 102ND AVENUE

UNIT 5

MIAMI, FL 33172

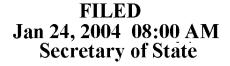
Mailing Address

2200 NW 102ND AVENUE

UNIT 5

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33172





01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0975858 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTANISLAU, JOHN 3504 SW 173 TERRACE HOLLYWOOD, FL 33029

DO NOT WRITE IN THIS SPACE

		www.		***	IIIIO OI AOL
the obligat	named entity submits this statement for the pions of registered agent.	burpose of changing its registered	office or i	registered agent, or bo	oth, 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 Ag	ent signatur	e required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS ESTANISLAU, JOHN 3504 SW 173 TERRACE MIRAMAR, FL 33029				900000012517 01/26/04-80013-013 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	TD ESTANISLAU, MARIA G 3504 SW 173 TERRACE MIRAMAR, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-UP				DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
title name street address cify-si-zip					
TITLE NAME STREET ADDRESS COTY - ST - 719					·

12. I hereby certify that the information supplied with this filling 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 approvered.

SIGNATURE:

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

(905)471-9700 Daytone Phone 8