


FROM :

FAX NO. : 4078314407

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90179 001 ***600.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000096157 1. Entity Name SUPER STITCH OF CENTRAL FLORIDA, INC.				
Principal Place of Business 1649 ACME ST ORLANDO, FL 32805		Mailing Address 13732 RIDGE TOP RD ORLANDO, FL 32837		
DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent MUNIR, SAJID 13732 RIDGE TOP RD ORLANDO, FL 32837		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 _____ (NOTE: Registered Agent Signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	P			
NAME	MUNIR, SAJID			
STREET ADDRESS	13732 RIDGE TOP RD			
CITY-ST-ZIP	ORLANDO, FL 32837			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: _____ <i>[Signature]</i> _____ 1-05 407-540-1255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				