## **2004 FOR PROFIT CORPORATION**

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## **ANNUAL REPORT** DOCUMENT # S43846 1. Entity Name SUPERIOR YACHT CORP.



**FILED** Jan 29, 2004 8:00 am Secretary of State

01-29-2004 90097 014 \*\*\*150.00

94006737

Principal Place of Business

3325 GRIFFIN ROAD FT LAUDERDALE, FL 33312 Mailing Address

3325 GRIFFIN ROAD

FT LAUDERDALE, FL 33312

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0250377

01232004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

	RDALE, FL 33312			IN T	NOT WR THIS SPA	CE	
The above name the obligations of SIGNATURE	d entity submits this statement for the professional for the profession of the profe	urpose of changing its reg	gistered office or regi	istered agent, or bo	th, in the State of Florida	ı. I am familiar with, a	nd accept
	ire, typed or printed name of registered agent and title if	applicable. (NOTE: Re	egistered Agent signature red	quired when reinstating)		DATE	
FILE NO After May 1	OWI!! FEE IS \$150.00 , 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	N.		
10.	OFFICERS AND DIREC	TORS					1 (1 to 1)
STREET ADDRESS 208	DGE, GORDON 1 GRIFFIN RD RT LAUDERDALE, FL 33312						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			E SAPE				
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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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR