

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90015 045 \*\*\*150.00

**DOCUMENT # V47016**

1. Entity Name  
**SUPERIOR DESIGN INTERNATIONAL, INC.**



Principal Place of Business  
**1000 CORPORATE DR. SUITE 410  
FORT LAUDERDALE, FL 33334 US**

Mailing Address  
**1000 CORPORATE DR. SUITE 410  
FORT LAUDERDALE, FL 33334 US**

400000



**DO NOT WRITE IN THIS SPACE**

02102008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0351353** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STANLY, BARTON  
1571 ROBERT J CONLON BLVD. NE  
STE 102  
PALM BAY, FL 32905**

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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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CARMEN M CASTILLO  
STREET ADDRESS 6365 NW 6TH WAY #360  
CITY-ST-ZIP FORT LAUDERDALE, FL 333096162

TITLE VP  
NAME CLOUGH, MICHAEL  
STREET ADDRESS 250 INTERNATIONAL DR  
CITY-ST-ZIP WILLIAMSVILLE, NY 14221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Carmen Castillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08  
Date

716-631-8310  
Daytime Phone #