


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 023 ***150.00

| | | | | | |
|--|-----------------------------------|---------------------|---|--|--|
| DOCUMENT # V72976 1. Entity Name FLORIDA SUPERIOR TRANSPORT, INC. | | | |  | |
| Principal Place of Business (Wall's Road) 6563 WALL'S ROAD WEST PALM BEACH FL 33443 US | | | | Mailing Address 500 S OCEAN BLVD #603 BOCA RATON FL 33432 US | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0369800 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LENA R. ARENA 500 SOUTH OCEAN BLVD APT 603 BOCA RATON FL 33432 | | | Name Paul Housewright Street Address (P.O. Box Number is Not Acceptable) 901 Wright Drive City Lake Worth, FL Zip Code 33461 | | |
| 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 <u><i>Lena R. Arena</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE 4-24-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARENA, LENA R. | | NAME | Paul Housewright | |
| STREET ADDRESS | 500 SOUTH OCEAN BLVD APT 603 | | STREET ADDRESS | 901 Wright Drive | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | CITY-ST-ZIP | Lake Worth, FL 33461 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Lena R. Arena</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 4-24-06 <small>Daytime Phone #</small> | |

ATTACHMENT 40092478

#V72976

To whom it may concern,

Please Forgive me of the late fee.

I...stuffed the envelope incorrectly and
mailed the payment to myself.

I know it was stupid, but please help.

Sincerely

Paul 

PAUL Housewright, President
Florida Superior Transport
cell (561) 239-1683
FAX (561) 202-0046