


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/11/2008-90167-001-\$70.00-\$70.00 \*  
8/11/2008-90167-002-\$43.75-\$43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:

08 SEP 16 AM 9:25

<b>DOCUMENT # N07000011623</b> 1. Entity Name <b>SAMANTHA'S PURPOSE, INC.</b>	
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Principal Place of Business <b>8641 S.W. 84 TERRACE MIAMI, FL 33143</b>	Mailing Address <b>8641 S.W. 84 TERRACE MIAMI, FL 33143</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07112008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>26-1567901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MEDINA, MICHELLE ESQ. 144 S.W. 60 COURT MIAMI, FL 33144</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

**Filing Fee is \$61.25 Due by September 12, 2008**
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P COFFEY-GARCIA, MICHELLE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8641 S.W. 84 TERRACE	NAME	
STREET ADDRESS	MIAMI, FL 33143	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP GARCIA, JOSE M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8641 S.W. 84 TERRACE	NAME	
STREET ADDRESS	MIAMI, FL 33143	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SEC MEDINA, MICHELLE ESQ. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	144 S.W. 60 COURT	NAME	
STREET ADDRESS	MIAMI, FL 33144	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	

B 9/17/08

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 617, 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  8-10-08 780-554-4676

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #