

# 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 CORPORATIONS

08 SEP 16 AM 9:25



07112008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N07000011623</b> 1. Entity Name <b>SAMANTHA'S PURPOSE, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-1567901</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MEDINA, MICHELLE ESQ. 144 S.W. 60 COURT MIAMI, FL 33144</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>COFFEY-GARCIA, MICHELLE</b> <b>8641 S.W. 84 TERRACE</b> <b>MIAMI, FL 33143</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GARCIA, JOSE M</b> <b>8641 S.W. 84 TERRACE</b> <b>MIAMI, FL 33143</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <b>MEDINA, MICHELLE ESQ.</b> <b>144 S.W. 60 COURT</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			8-6-08 780-554-4076 Date Daytime Phone #		