## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000014664

Entity Name: DR. SAM'S PODS, INC.

COOPER CITY, FL 33026

City-St-Zip:

FILED Mar 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 239 NEW GATE LOOP LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 239 NEW GATE LOOP LAKE MARY, FL 32746 FEI Number: 51-0451241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, W. GRAHAM 250 PARK AVE SOUTH 5TH FLOOR WINTER PARK, FL 32789 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CHALFIN, MARTY Name: Name: 239 NEW GATE LOOP Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: (X) Delete Title: **PRES** Title: () Change () Addition Name: HOROWITZ, SAM M DR. Name: 2625 BASS WAY Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: MARTY CHALFIN 03/17/2005