


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000054714 1. Entity Name SAM GENERAL SERVICES, CORP.	
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Principal Place of Business 8408 W SAMPLE ROAD UNIT 118 CORAL SPRINGS, FL 33065 US	Mailing Address 8408 W SAMPLE ROAD UNIT 118 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



09062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0928027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MONTEIRO, SAMUEL T
8408 W SAMPLE ROAD
UNIT 118
CORAL SPRINGS, FL 33065

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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: *Samuel T Monteiro* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	MONTEIRO, SAMUEL T
STREET ADDRESS	8408 W SAMPLE ROAD UNIT 118
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

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100080091191
09/22/06--01048--009 **150.00

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: *Samuel T Monteiro* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____