

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

5/20/2005-90031-018-\$150.00-\$150.00

**DOCUMENT # P04000078432**  
1. Entity Name  
**NATHAN'S & SAM ESTATE BUYERS, INC.**



**FILED**  
**05 JUN 10 PM 4:22**



1st MOORE CR2E034 (10/04)

Principal Place of Business Mailing Address  
8221 GLADES RD 8221 GLADES RD  
BOCA RATON FL 33434 BOCA RATON FL 33434

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 **36-2459170** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	OAMI, NATHAN	
STREET ADDRESS	8221 GLADES RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TOUBIA, GHASSAN	
STREET ADDRESS	8221 GLADES RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	OAMI, ELANA	
STREET ADDRESS	8221 GLADES RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Handwritten signature/initials*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date **5/10/05** Daytime Phone # \_\_\_\_\_