2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000080186

1. Entity Name
SAM'S INVESTMENT CORP

Principal Place of Business	Mailing Address
37071 MAIN STREET CANAL POINT, FL 33438	P.O. BOX 455 CANAL POINT, FL 33438

01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0861686
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEFFERNAH, RICHARD L CPA
2911 E. MAIN STREET
PAHOKEE, FL 33476

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000927243
05/20/08-80097-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EL DAGARR, SAMEH S
STREET ADDRESS	36941 2ND STREET
CITY-ST-ZIP	CANAL POINT, FL 33438
TITLE	M
NAME	RODRIGUEZ, GUADALUPE R
STREET ADDRESS	12405 LAKE SHORE DR
CITY-ST-ZIP	CANAL POINT, FL 33438
TITLE	VP&S
NAME	EL DAGHAR, ZINA S
STREET ADDRESS	11211 SOUTH MILITARY TRAIL APT# 1211
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/23/08 (561)924-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #