

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 328981**

1. Entity Name  
**SAMAR PUBLISHING, INC.**



Principal Place of Business  
104 CRANDON BLVD  
#301  
KEY BISCAVNE, FL 33149-1502 US

Mailing Address  
104 CRANDON BLVD  
#301  
KEY BISCAVNE FLA, 33149 US

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1213887**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OWENS, ANNE S.  
200 OCEAN LANE DR. #304  
KEY BISCAVNE, FL 33149

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE	SDT
NAME	OWENS, JAMES E
STREET ADDRESS	3960 N. 39 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	OWENS, MICHAEL H.
STREET ADDRESS	13140 SW 70TH AVE.
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	DV
NAME	OWENS, DAVID F.
STREET ADDRESS	1527 SOUTH CLUB DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	PD
NAME	OWENS, ANNE S
STREET ADDRESS	200 OCEAN LANE DR. #304
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80042-024 150.00

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IN THIS SPACE**

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:**

*Anne S. Owens* Anne S. Owens

1-3-08 305-361-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #