

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328981

Entity Name: SAMAR PUBLISHING, INC.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

104 CRANDON BLVD  
#301  
KEY BISCAYNE, FL 331491502 US

## New Principal Place of Business:

## Current Mailing Address:

104 CRANDON BLVD  
#301  
KEY BISCAYNE FLA, 33149 US

## New Mailing Address:

104 CRANDON BLVD  
#301  
KEY BISCAYNE, FL 331491502 US

FEI Number: 59-1213887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

OWENS, ANNE S.  
200 OCEAN LANE DR.  
APT. 304  
KEY BISCAYNE, FL 33149 US

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:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SDT ( ) Delete  
Name: OWENS, JAMES E  
Address: 3960 N. 39 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: OWENS, MICHAEL H.  
Address: 13140 SW 70TH AVE.  
City-St-Zip: PINECREST, FL 33156

Title: DV ( ) Delete  
Name: OWENS, DAVID F.,  
Address: 1527 SOUTH CLUB DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: PD ( ) Delete  
Name: OWENS, ANNE S  
Address: 200 OCEAN LANE DR. #304  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ANNE S. OWENS

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date