2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #346295

1. Entity Name

SAM-SOR DEVELOPMENTS INC



FILED
May 01, 2006, 08:00 Al
Secretary of State

Principal Place of Business

3700 STEELES AVE WEST #800 WOODBRIDGE ONTARIO CANADA L4L 8M9, XX Mailing Address

3700 STEELES AVE WEST #800 WOODBRIDGE ONTARIO CANADA L4L 8M9, XX



DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-1396919

5. Certificate of Status Desired ☐ \$

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W., JR. 340 ROYAL PALM WAY PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the policies of registered agent.	urpose of changing its registere	ed office or reg	distered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	Agent sîgnature re	equired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		S. Election Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECT	TORS			<u> </u>	
TITLE Name Street address City-St-Zip	PD SORBARA, JOSEPH D. 7 CEDARWOOD AVE WILLOWDALE ONTARIO, CA M2L- L7	,		U00000558309 05/17/06-80089-020 150,00		
RITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SORBARA,EDWARD 105 SANDRINGHAM DRIVE DOWNSVIEW ONTARIO, CA m3h 1e1					
TITLE NAME STREET ADDRESS DITY+ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TTLE IAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP

EDWARD SORBARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Amol

Daytime Phone #