


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 346295		
1. Entity Name SAM-SOR DEVELOPMENTS INC		
Principal Place of Business 3700 STEELES AVE WEST #800 WOODBIDGE ONTARIO CANADA L4L 8M9, XX	Mailing Address 3700 STEELES AVE WEST #800 WOODBIDGE ONTARIO CANADA L4L 8M9, XX	



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1396919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD SORBARA, JOSEPH D. 7 CEDARWOOD AVE WILLOWDALE ONTARIO, CA M2L- L7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SORBARA, EDWARD 105 SANDRINGHAM DRIVE DOWNSVIEW ONTARIO, CA m3h 1e1
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02/11/08-80008-023 150.00

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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: EDWARD SORBARA  **1-905-850 6154**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #