


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90032 022 ***150.00

DOCUMENT # 415889	
1. Entity Name SAMANTHA OF MIAMI, INC.	

40127267

Principal Place of Business C/O J. DEL CUETO 2515 S.W. 7 ST. SUITE 1 MIAMI, FL 33135	Mailing Address C/O J. DEL CUETO 2515 S.W. 7 ST. SUITE 1 MIAMI, FL 33135
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07182007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0794659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEL CUETO, JOSE 2515 S.W. 7 ST. SUITE 1 MIAMI, FL 33135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, FELIX CALLE ZAMBESE 150, RIO PIEDRAS SAN JUAN P.R., 00927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, MAGDA CALLE ZAMBESE 150, RIO PIEDRAS SAN JUAN P.R., 00927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	07-18-07	305-638-4040
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>

ATTACHMENT

40127267

P. 02

SAMANTHA OF MIAMI, INC.,
c/o DEL CUETO CORPORATION
2515 S.W. 7TH STREET,
MIAMI, FLORIDA 33135.
Tel (305)638-4040 Fax (305) 541 - 2525.

To: State of Florida
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314


HEREBY WE CERTIFY, that we never received the forms for Annual
Report for the year 2007 and on this base, we request from you, to
please, waive the penalty for late filing, and enclosed please find
complete form with check payable to your Order for \$150.00

Corporation Name: SAMANTHA OF MIAMI, INC.,

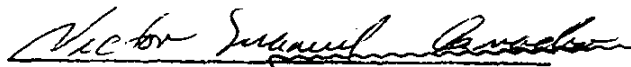
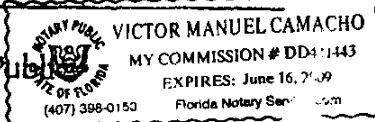
Document Number: 415889

Thanks.

Sincerely yours,


FELIX RODRIGUEZ,
President

Sworn to and subscribed before me this 18 day of July, 2007


Notary Public

VICTOR MANUEL CAMACHO
MY COMMISSION # DD41443
EXPIRES: June 16, 2009
Florida Notary Service