DOCUMENT # 421514 1. Entity Name MISS SAM, INC. Apr 19, 2004 08:0 Secretary of St Principal Place of Business Mailing Address 1440 S OCEAN BLVD 1440 S OCEAN BLVD PH D T440 S OCEAN BLVD PH D Output POMPANO BEACH, FL 33062 DO NOT WRITE IN THIS SPACE 04132004 No Chg-P CR2E034 (10/r CR2E034 (10/r 4. FEI Number 59-1877458 6. Name and Address of Current Registered Agent CLARDY, MARGURITE 1440 S OCEAN BLVD PH D POMPANO BEACH, FL 33062 DO NOT WRITE IN THIS SPACE	03) Applied For Not Applicable Additional
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DO NOT WRITE IN THIS SPACE 04132004 No Chg-P CR2E034 (10/r 04132004 No Chg-P CR2E034 (10/r 4. FEI Number 59-1877458 - 5. Certificate of Status Desired © \$8.75 6. Name and Address of Current Registered Agent DO NOT WRITE 1440 S OCEAN BLVD PH D DO NOT WRITE	03) Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent CLARDY, MARGURITE 1440 S OCEAN BLVD PH D D D D D D D D D D D D D D D D D D D	
1440 S OCEAN BLVD DO NOT WRITE	
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 we the obligations of registered agent	vith, and accept
SIGNATURE	<u></u>
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fee	
10. OFFICERS AND DIRECTORS TITLE STD NAME CLARDY,MARGURITE STREET ADDRESS 1440 S. OCEAN BLVD PH D CITY-ST-ZP POMPANO BEACH, FL TITLE D NAME RATLIFF, LINDA STREET ADDRESS H.C. 84 BOX 1362 CITY-ST-ZIP WHITESBURG, KY	150.00
TIFLE PD NAME CLARDY, ALESIA R STREET ADDRESS 1440 S OCEAN BLVD PHD CITY-ST-ZIP POMPANO BEACH, FL	
TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAMÉ STREET ADDRESS CITY-SI-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the 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 off of the corporation or the receiver or furustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 changed, or on an attachment with an address, with all other like empowered.	ne information icer or director 0 or Block 11 if
SIGNATURE:	<u> </u>