

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90077 039 ***550.00

DOCUMENT # F01000006540

1. Entity Name
SAMALEXA, INC.



Principal Place of Business

~~350 PARK AVENUE 9TH FL~~
NEW YORK, NY 10022

Mailing Address

850 Third Ave
~~350 PARK AVENUE 9TH FL~~
NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3952939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALAHAMBRA CIRCLE STE 1102
CORAL GABLES, FL 33134

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STARR, KENNETH
STREET ADDRESS	350 PARK AVE, 9TH FL 850 Third Ave. 15th Fl.
CITY-ST-ZIP	NEW YORK, NY
TITLE	VD
NAME	STARR, MARISA
STREET ADDRESS	350 PARK AVE, 9TH FL 850 Third Ave. 15th Fl.
CITY-ST-ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marisa Starr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/05
Date

Date

212-759-6556
Daytime Phone #

Daytime Phone #