

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90040 003 ***158.75

DOCUMENT # F23186

1. Entity Name
SAMERN CORP.



Principal Place of Business
**1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134 US**

Mailing Address
**1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134 US**

40007224



01292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2071601

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEVIN, NORMAN M
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **CHEAN, LILLIAN**
STREET ADDRESS **3948 SW 5TH ST**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **PD** ☐ Delete
NAME **SEVIN, NORMAN M**
STREET ADDRESS **1313 PONCE DE LEON BLVD., SUITE 301**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **D** ☐ Delete
NAME **LOIACONO, VINCENT**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **VTD** ☐ Delete
NAME **LEVIN, MORTON**
STREET ADDRESS **1940 HARRISON ST**
CITY-ST-ZIP **HOLLYWOOD, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CHERN, LILLIAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7550 S.W. 57 Ave., Suite 211**
CITY-ST-ZIP **So. Miami, FL 33143-5336**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Norman M. Sevin **NORMAN M. SEVIN**

Norman M. Sevin

1/29/07

(305) 443-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #