


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90026 039 \*\*\*158.75

<b>DOCUMENT # F23186</b> 1. Entity Name <b>SAMERN CORP.</b>					
Principal Place of Business <b>1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US</b>			Mailing Address <b>1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01032008    Chg-P    CR2E034 (12/06)	
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-2071601</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SEVIN, NORMAN M 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHERN, LILLIAN</b> <b>3948 SW 5TH ST</b> <b>MIAMI, FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SEVIN, NORMAN M</b> <b>1313 PONCE DE LEON BLVD., SUITE 301</b> <b>CORAL GABLES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOIACONO, VINCENT</b> <b>7550 SW 57TH AVE., STE. 211</b> <b>S. MIAMI, FL 331435336</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>Loiacono, Vincent</b> <b>7550 SW 57TH AVE., STE. 211</b> <b>S. MIAMI, FL 331435336</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>LEVIN, MORTON</b> <b>1940 HARRISON ST</b> <b>HOLLYWOOD, FL</b>		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: <i>Norman M. Sevin</i> <b>NORMAN M. SEVIN</b>			2/1/08 (305) 443-3343		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		