

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005628

1. Entity Name
PEPSOMERS CORPORATION



Principal Place of Business
**C/O SAMSON MANAGEMENT
97-77 QUEENS BLVD
REGO PARK, NY 11374**

Mailing Address
**C/O SAMSON MANAGEMENT
97-77 QUEENS BLVD
REGO PARK, NY 11374**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3417343

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**WAXMAN, MARK Z
235 S COUNTY RD #210
PO BOX 3368
PALM BCH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
GOLDSTEIN, ARNOLD
C/O SAMSON MANAGEMENT, 97-77 QUEENS BLVD
REGO PARK, NY 11374**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GOLDSTEIN, MICHAEL
C/O SAMSON MANAGEMENT, 97-77 QUEENS BLVD
REGO PARK, NY 11374**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WAXMAN, MARK Z
235 S COUNTY RD #210
PALM BCH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

**U00000187533
01/24/05-80019-015 150.00**

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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 lines shown.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARNOLD GOLDSTEIN 1/13/05 (714) 830 0131