

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 004 ***150.00

DOCUMENT # F95749 1. Entity Name SAM MANAGEMENT CORP.					
Principal Place of Business 17961 BISCAYNE BLVD #A-1 PO BOX 630434, OJUS, FL 33163 AVENTURA FL 33160 US			Mailing Address 17961 BISCAYNE BLVD #A-1 PO BOX 630434, OJUS, FL 33163 AVENTURA FL 33160 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2216499	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KLOMPUS, MILTON J 16425 COLLINS AVE APT 2111 MIAMI FL 33160			7. Name and Address of New Registered Agent Name MARILYN KLOMPUS Street Address (P.O. Box Number is Not Acceptable) 16425 Collins Ave Apt. 2111 Sunny Isles Beach 33160 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 MARILYN KLOMPUS <i>Marilyn Klompus</i> 1/26/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP SEIDMAN, SAM 17720 N BAY RD #8A N MIAMI BCH FL	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP KLOMPUS, MARILYN E 16425 COLLINS AVE 2111 SUNNY ISLES FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DS KLOMPUS, MILTON J 16425 COLLINS AVE #2111 SUNNY ISLES FL 33160	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP SEIDMAN, DORA 17720 N BAY RD #8A N MIAMI BCH FL	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Marilyn Klompus</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/26/7 3059324389 Date Daytime Phone #		