

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90265 003 ***150.00

DOCUMENT # <i>M29268</i>	
1. Entity Name	
SamAnne Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Islewood B 37 CVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State	
Zip 33442	Country	Zip	Country

40027348

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2659022		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
—Name— Richard M Kesselman	
Street Address (P.O. Box Number is Not Acceptable) Islewood B37 CVE	
City Deerfield Beach	FL Zip Code 33442

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Richard M. Kesselman 6 Peaceful Lane Westport, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Kesselman Islewood B37 CVE Deerfield Beach, FL 33442
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Kesselman

2/15/2005

Date

203-226-5970

Daytime Phone #