FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90174 039 ***150.00

DOCUMENT # P00000083543

1. Entity Name

Samon, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7830 NW 3rd St.
Suite, Apt. #, etc.
#6-101
City & State
Pembroke Pines FL 33024
Zip | Country

3. Mailing Address
7830 NW 3rd St.
Suite, Apt. #, etc.
#6-101
City & State
Pembroke Pines FL 3 3024
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041566
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Monti Flores, Luis A.
Street Address (P.O. Box Number is Not Acceptable)
7830 NW 3rd St. #6-101
City
Pembroke Pines FL
Zip Code
33024

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] 4/21/03
Signature, if applicable, 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President NAME: Monti Flores, Luis A. STREET ADDRESS: 7830 NW 3rd St. #6-101 CITY-ST-ZIP: Pembroke Pines FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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] Luis A. Monti, President 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E024P (1/00)