


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000046350</b>	
1. Entity Name SAM'S NEW YORK PIZZA, INC.	

Principal Place of Business 4213 LITTLE ROAD NEW PORT RICHEY, FL 34655	Mailing Address 4213 LITTLE ROAD NEW PORT RICHEY, FL 34655
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**DO NOT WRITE IN THIS SPACE**



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3713808	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HAMDAOUI, ABDESSAMAD  
4213 LITTLE ROAD  
NEW PORT RICHEY, FL 34655

**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 *Abdessamad Hamdaoui* *Abdessamad Hamdaoui, President* 8-1-05  
Signature, typed or printed name of registered agent and (title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMDAOUI, ABDESSAMAD 4213 LITTLE ROAD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAMDAOUI, LAURA 4213 LITTLE ROAD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/27/05-80002-020 150.00

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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)(f), 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: *Laura Hamdaoui* *Laura Hamdaoui* 8-1-05 727-375-1880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #