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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90281 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000067914

1. Entity Name
SAMANA EXPERT FISHING CHARTERS, INC.

Principal Place of Business	Mailing Address
2432 WILSEE RD PALM BCH GARDENS, FL 33410	2432 WILSEE RD PALM BCH GARDENS, FL 33410

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8399 SE ISLAND WAY	8399 SE ISLAND WAY
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: JUPITER FL	City & State: JUPITER FL 33458
Zip: 33458 Country:	Zip: 33458 Country: USA

4. FEI Number: 65-1124890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARDINALE, JASON 2432 WILSEE RD PALM BCH GARDENS, FL 33410	Name: Street Address (P.O. Box Number is Not Acceptable): 8399 SE ISLAND WAY City: JUPITER FL Zip Code: 33458

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: Jason Cardinale DATE: 4/26/05
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, 2005 Fee will be $550.00

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	D CARDINALE, JASON 2432 WILSEE RD PALM BCH GARDENS, FL 33410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8399 SE ISLAND WAY JUPITER FL 33458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY HILARY CARDINALE 8399 SE ISLAND WAY JUPITER FL 33458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Cardinale 4/26/05 561.309.3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #