

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087557

FILED
Feb 26, 2004
Secretary of State

Entity Name: SAMSARA INTERNATIONAL, INC.

Current Principal Place of Business:

1000 QUAYSIDE TERRACE,
SUITE 509
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1000 QUAYSIDE TERRACE,
SUITE 509
MIAMI, FL 33138

New Mailing Address:

FEI Number: 01-0594485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAZAR, LISETTE ESQ.
240 CRANDON BLVD., SUITE 266
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WORTELBOER, JULIAN
Address: 1000 QUAYSIDE TERRACE, SUITE 509
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: WORTELBOER, GERARDO
Address: 1000 QUAYSIDE TERRACE, SUITE 509
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: GARCIA, GRACIELA
Address: 1000 QUAYSIDE TERRACE, SUITE 509
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: WORTELBOER, GRACIANA
Address: 1000 QUAYSIDE TERRACE, SUITE 509
City-St-Zip: MIAMI, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NAVARRETE, VICTORIA M
Address: 1000 QUAYSIDE TERRACE, SUITE 509
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN WORTELBOER

D

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date