2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2005 08:00 AM **Secretary of State DOCUMENT # P01000088705** 1. Entity Name SAMSO'S EXPRESS MONEY TRANSFER, INC. Mailing Address Principal Place of Business 11168 WHITEHAWK STREET 11168 WHITEHAWK STREET PLANTATION, FL 33324 PLANTATION, FL 33324 No Chg-P CR2E034 (10/03) 02092005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1141305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANIFF, S.M. HUSSEIN DO NOT WRITE 11168 WHITEHAWK STREET PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. D TITLE NAME HANIFF, S.M. HUSSEIN 11168 WHITEHAWK STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

S. M. HUSSEIL

FILED