



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000103163	
1. Entity Name SAM ENTERPRISES #1, INC.	

Principal Place of Business 801 W BAY DRIVE STE 515 LARGO, FL 33770	Mailing Address 8322 VOLUSIA PL TAMPA, FL 33637
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DO NOT WRITE IN THIS SPACE

	
07192005	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3753874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
POHLMAN, MARK S 801 W BAY DRIVE STE 515 LARGO, FL 33770	

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

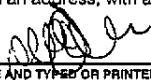
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISLAM, MANZURUL 817 18 STREET SW LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AHMED, JALAL 817 18 STREET SW LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AHMED, JALAL 817 18 STREET SW LARGO, FL 33770
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07/25/05-80011-015 150.00

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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:  **7/19/05** **601.750.0884**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #