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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				
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LCREIARY OF STATE

T. Roberts MAR 22 2007

COVER LETTER

Division of Corporations
SUBJECT: SAM ENTERPRISES #1, INC (Name of Corporation)
DOCUMENT NUMBER: POLOOLO3163
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MANZURUL TSLAM (Name of Person)
SAM ENTERPRISES #1, INC (Name of Firm/Company)
12693 TORBAY DR (Address)
BOCA RATON FL- 33428 (City/State and Zip Code)
For further information concerning this matter, please call:
MAN212 RUL TSIAM at (954) 520-3996 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	SALAL AHMED	, hereby resign as	VSTD / VD
of_	SAM ENTERPRIS (Name of Corpo	ES #1 TNC	,
	(Document Number, if known) FLORI DA.	poration organized under	OT MA
	Λ		FILED R 20 AM II: 53 R 20 AM II: 53 R AM SSEE, FLORIT
	Signature	of resigning officer/director)	: 53

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314