

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107229

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** S.A.M. INC OF SOUTH FLORIDA

**Current Principal Place of Business:**

18465 SOUTH DIXIE HWY  
MIAMI, FL 33157

**New Principal Place of Business:**

18465 SOUTH DIXIE HWY  
CUTLAR BAY, FL 33157

**Current Mailing Address:**

11201N.W. 23RD CT  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

18465 SOUTH DIXIE HWY  
CUTLAR BAY, FL 33157

**FEI Number:** 65-1150845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIVJI, SALEEM  
11201N.W. 23RD CT  
CORAL SPRINGS, FL 33065 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAKHANI, MEHBOOB  
**Address:** 10057 WINDING LAKES ROAD, APT 203,BLDG 8  
**City-St-Zip:** SUNRISE, FL 33351

**Title:** V  
**Name:** SHIVJI, SALEEM  
**Address:** 11201N.W. 23RD CT  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** S  
**Name:** SACHWANI, ADEEL I  
**Address:** 18465 S. DIXIE HWY  
**City-St-Zip:** MIAMI, FL 33157

I hereby 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 all other like empowered.

**SIGNATURE:** SALEEM

OWNE

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date