FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90113 005 ***150.00

DOCUMENT # P02000032353

1. Entity Name
SAMORAN DISTRIBUTION, INC

90020566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1403 PRESIDIO DR.	1403 PRESIDIO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. FEI Number 04-3641663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ADHA SANTANA

Street Address (P.O. Box Number is Not Acceptable): 1403 PRESIDIO DR.

City: WESTON **FL** Zip Code: 33327

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: Adha Santana — ADHA SANTANA — 02/04/2003
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Adha Santana 1403 Presidio DR. Weston, Fl 33327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Cristhian C. Santana 1403 Presidio DR. Weston, Fl 33327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Cristhian C. Santana 1403 Presidio DR. Weston, Fl 33327
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adha Santana — 2/4/03 — 954/2775905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #