2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AN Secretary of State

	AITITOAL	NEFON!		. S	ecretary of State
DOCUMENT # P0200060064 1. Enlity Name SAMANTHA FOOD SERVICES, CORP.					ocround of State
Principal Plac	ce of Business	Mailing Address	3 - 722		
7953 N.W. 1	114 PLACE	7953 N.W. 114 PLACE		•	
DORAL, FL	33178	DORAL, FL 33178			
				/ 22-418-4/ 21/ #3/19 1/#/ 9511/ #511/ #6	
				04222005 No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IIV I FIIO OPA		4. FEI Number	Applied For
			Billion and his securior	02-0607729	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
					Fee Required
	6. Name and Address of Current Re	egistered Agent	ji na na na kata. Manazara ana		
DELGADO), JORGE R	•			
	. 114 PLACE		H11 199 3.F4	DO NOT W	RITE
DORAL, F					
				IN THIS SP	ACE
					•
			<u> Li</u>		
8. The above	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or registere	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
ale obliga	nons of registered agent.				
SIGNATURE.					
	Signature, typed or printed name of registered agent and	title i applicable, (NOTE: Registers	of Agent alginature required	when reinstailing)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	S. Election Campaign Final Trust Fund Contribution.	7	00 May Be and to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE	P				mala a sego su si
Name	DELGADO, JORGE R				
STREET ADDRESS	7953 N.W. 114 PLACE			The state of the s	
CITY-ST-ZIP	DORAL, FL 33178				USS3374
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* · · · · • • · · · · · · · · · · · · ·		0\$/04705	-80110-008 1SU.00
TITLE				Distribution of appropria	
NAME					Additional and California
STREET ADDRESS				TO NOT W	Paring Manday (See
CITY-ST-ZIP			1. 3.5.5. 3.5.4	DO NOT W	KILE
TITLE				INI THIS ST	SAME
NAME				IN THIS SF	ACE
STREET ADDRESS					
CITY-ST-ZIP		<u>. · </u>			
TITLE	-1-			Sull'Agirta da parrire	· · · · · · · · · · · · · · · · · · ·
NAME					· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					· .
CITY-ST-ZIP	<u></u>				
TITLE		e Per Guzza A de la comp		en kalusimineden bir ek	
NAME		•			
STREET ADDRESS		\wedge	Maria in		, ,
CITY-ST-ZIP		/ /	l .		- jran, .
12. Thereby	certify that the information supplied with th	is filing does not qualify for the exe	mption stated in Sec	ction 119.07(3)(i), Florida Statutes.	further certify that the information
indicated on this report or supplemental report is true and accuste and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation of the receiver of trustee empowered to execute this report as required by Empter 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 tike empowered.					
SIGNATURE: SIGNATURE DIAMETY EDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIAGETOR					