

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 002 ***150.00

DOCUMENT # P02000060064
1. Entity Name
SAMANTHA FOOD SERVICES CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5748 NW 113 Ave.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl.

City & State

Zip
33178

Country

4. FEI Number
02-0607729

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
Jorge Delgado

Street Address (P.O. Box Number is Not Acceptable)
5748 NW 113 Ave.

City
Miami

State
FL

Zip Code
33178

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 *Jorge Delgado* **JORGE DELGADO** DATE **4/30/03**

Signature, Title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 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 JORGE DELGADO 5748 NW 113 Ave. Miami, Fl. 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 another like empowered.

SIGNATURE: *Jorge Delgado* **JORGE DELGADO** DATE **04-30-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)