2005 FOR PROFIT CORPORATION

Apr 04, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-04-2005 90059 002 ***150.00 DOCUMENT # P02000067810 1. Entity Name **SAM & JANET INCORPORATED** 40045161 Principal Place of Business Mailing Address 381 BERMUDA SPRINGS DR 381 BERMUDA SPRINGS DR WESTON, FL 33326 WESTON, FL 33326 3. Mailing Address 2. Principal Place of Business 2691 Cypress Lané 2691 Cypress Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Weston, Weston. 02-0628523 Not Applicable Country USA ^{Zip} 33332 33332 Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ₩öng, San W WONG, SAN W t Address (P.O. Box Number is Not Acceptable) 381 BERMUDA SPRINGS DR WESTON, FL 33326 ^{City} Weston 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 the obligations of registered beent. San W Wong SIGNATURE ited name of registered agent and title if applicati (NQTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition ☐ Change NAME WONG, SAN W 2691 Cypress Lar 381-BERMUDA CPRINGS DR STREET ADDRESS CATREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 Weston, F1 33333 CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL S TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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Daytime Phone #