## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # P02000067810** 1. Entity Name SAM & JANET INCORPORATED Principal Place of Business Mailing Address 2691 CYPRESS LANE 2691 CYPRESS LANE WESTON, FL 33332 WESTON, FL 33332 CR2E034 (11/05) 01082008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0628523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WONG, SAN W DO NOT WRITE 2691 CYPRESS LANE WESTON, FL 33332 IN THIS SPACE 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 Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature regulared when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 00000083637n 04/25/08-80005-013 150.00 TITLE D WONG, SAN W NARAF 2691 CYPRESS LANE STREET ADDRESS WESTON, FL 33332 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplication from an analysis may 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 fusive employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IAME OF SIGNING OFFICER OR DIRECTOR

58