

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075086

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: SAMGAR, INC.

## Current Principal Place of Business:

C/O SANFORD N REINHARD, P.A.  
2875 NE 191 ST #404  
AVENTURA, FL 33180

## New Principal Place of Business:

C/O SANFORD N REINHARD, P.A.  
1290 WESTON ROAD, SUITE 201  
WESTON, FL 33326

## Current Mailing Address:

C/O SANFORD N REINHARD, P.A.  
2875 NE 191 ST #404  
AVENTURA, FL 33180

## New Mailing Address:

C/O SANFORD N REINHARD, P.A.  
1290 WESTON ROAD, SUITE 201  
WESTON, FL 33326

FEI Number: 20-0674967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REINHARD, SANFORD N  
1290 WESTON ROAD  
SUITE 201  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAPLAN, SAM  
Address: 2875 NE 191 ST #404  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: BROMBERG, GARY  
Address: 2875 NE 191 ST #404  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CAPLAN, SAM  
Address: 1290 WESTON ROAD, SUITE 201  
City-St-Zip: WESTON, FL 33326

Title: D (X) Change ( ) Addition  
Name: BROMBERG, GARY  
Address: 1290 WESTON ROAD, SUITE 201  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM CAPLAN

D

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date