FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91291 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086236

1. Entity Name
SAMANTHA O'FARREL, CO.

11023625

Principal Place of Business	Mailing Address
614 FRANCES STREET KEY WEST, FL 33040	614 FRANCES STREET KEY WEST, FL 33040

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1318 VIRGINIAST	1318 VIRGINIAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State: KEY WEST FL
Zip: 33040 Country: US	Zip: 33040 Country: US

4. FEI Number: 56 2297362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A1A CORPORATE SERVICES INC. 1221 BRICKELL AVE 9TH FL MIAMI, FL 33131	Name: SAMANTHA OFARRELL Street Address (P.O. Box Number Is Not Acceptable): 1318 VIRGINA ST City: KEY WEST FL Zip Code: 33040

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: SMANTHA OFARRELL 3/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST O'FARRELL, SAMANTHA 614 FRANCES STREET KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1318 VIRGINIA ST KEY WEST FL 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'FARRELL, SAMANTHA 614 FRANCES STREET KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S O'Farrell SAMANTHA OFARRELL 3/3/3 205-296 8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #