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Loricco, Crosland, Joiner, 94:

**FILED**  
**Aug 23, 2006 8:00 am**  
**Secretary of State**

08-23-2006 90001 014 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P02000094298</b> 1. Entity Name <b>SAMBA INVESTMENTS OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>2349 ST. DAVID ISLAND COURT          PUNTA GORDA, FL 33950</b>			Mailing Address <b>2349 ST. DAVID ISLAND COURT          PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold;">50026057</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <span>08212006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <div>4. FEI Number <b>03-0512532</b></div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div> <div style="display: flex; justify-content: space-between; font-size: 10pt;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div><b>\$8.75 Additional Fee Required</b></div> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MILONAS, TASO M          1800 SECOND STREET SUITE 884          SARASOTA, FL 34236</b>					
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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00          Due by September 6, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLIANO, KARIN <input type="checkbox"/> Delete 2349 ST. DAVID ISLAND COURT PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GALLIANO, KARIN <input type="checkbox"/> Delete 2349 ST. DAVID ISLAND COURT PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GALLIANO, DOMINGO E JR <input type="checkbox"/> Delete 2349 ST. DAVID ISLAND COURT PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Karin Galliano</u> <span style="float: right;">8/21/06</span> <div style="display: flex; justify-content: space-between; font-size: 8pt;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					