

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104951

FILED
Mar 22, 2005
Secretary of State

Entity Name: SAMANTHA ROSE ENTERPRISES, INC.

Current Principal Place of Business:

13650 SW 24 STREET
FT LAUDERDALE, FL 33325

New Principal Place of Business:

Current Mailing Address:

PO BOX 268053
WESTON, FL 33326

New Mailing Address:

FEI Number: 06-1650181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLLS GRANT, LILIANA P
13650 SW 24 STREET
FT LAUDERDALE, FL 33325 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: GRANT, MATTHEW P
Address: PO BOX 268053
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: NICHOLLS GRANT, LILIANA P
Address: PO BOX 268053
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILIANA NICHOLLS GRANT

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date