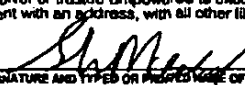


FILED
Mar 10, 2004 8:00 am
Secretary of State

02-06-2004 90028 040 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P02000116851			
1. Entity Name SAM'S COMMERCIAL DEVELOPMENT, INC.			
Principal Place of Business 3908 N. CIRCLE DRIVE HOLLYWOOD FL 33021		Mailing Address 3908 N. CIRCLE DRIVE HOLLYWOOD FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Name and Address of Current Registered Agent MISHELE, SHMUEL 3908 N. CIRCLE DRIVE HOLLYWOOD FL 33021		5. FEI Number 13-8724332 Applied For ☐ Not Applicable	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when renouncing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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 P MISHELE, SHMUEL 3908 N. CIRCLE DRIVE HOLLYWOOD FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT SAMUEL MISHELE 3908 N. CIRCLE DR HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 807, 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: 		954-983-5621	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	