

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 028 ***168.75

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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

3908 N. CIRCLE DR
Suite, Apt. #, etc.

3. Mailing Address

3908 N. CIRCLE DR.
Suite, Apt. #, etc.

City & State

Hollywood FL
Zip 33021 Country USA

City & State

Hollywood FL
Zip 33021 Country USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-8724332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISHELE, SHMUEL
3908 N. CIRCLE DRIVE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **SHMUEL MISHELE**

Street Address (P.O. Box Number is Not Acceptable)

3908 N. CIRCLE DR.

City **HOLLYWOOD FL** Zip Code **33021**

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 reinstating)

DATE

1/25/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE **P** ☐ Delete
NAME **MISHELE, SHMUEL**
STREET ADDRESS **3908 N. CIRCLE DRIVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021** **owner**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SHMUEL MISHELE **owner**

1/25/06 **954-983-5621**