

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90019 001 ***150.00

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06262006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000038804 1. Entity Name SAMAR INTERNATIONAL CORPORATION					
Principal Place of Business 1062 PINE BRANCH DRIVE WESTON, FL 33326			Mailing Address 1062 PINE BRANCH DRIVE WESTON, FL 33326		
2. Principal Place of Business 1120 SE 3rd Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1120 SE 3rd Avenue <small>Suite, Apt. #, etc.</small>			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 32-0072791	
Zip 33316		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, RICARDO E 1062 PINE BRANCH DRIVE WESTON, FL 33326			7. Name and Address of New Registered Agent Name Resnik & Lamorte, LLC Street Address (P.O. Box Number is Not Acceptable) 1120 SE 3rd Avenue City Fort Lauderdale FL Zip Code 33316		
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: <u><i>Marcy S. Smith, P.A.</i></u> DATE: <u>7/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CRUZ, RICARDO E 1062 PINE BRANCH DRIVE WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis Almendares 68-151 AU Street, #PH-10 Waialua, HI 96791 <input checked="" 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	
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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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/25/06</u> Daytime Phone: _____		