


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 042 ***150.00

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| DOCUMENT # P03000066417 1. Entity Name SAMES MULTI-SERVICES, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2409 ABBY DRIVE 103 KISSIMMEE, FL 34741 | | | Mailing Address 2409 ABBY DRIVE 103 KISSIMMEE, FL 34741 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 2426 Huron Cir. Suite, Apt. #, etc. | | | 3. Mailing Address 2426 Huron Cir. Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Kissimmee FL | | | City & State Kissimmee FL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 34746 | | Country USA | | 4. FEI Number 20-0044961 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent EGUIGUREN, RODDY J 2409 ABBY DRIVE 103 KISSIMMEE, FL 34741 | | | 7. Name and Address of New Registered Agent Name Eguiguren, Roddy J. Street Address (P.O. Box Number is Not Acceptable) 2426 Huron Cir. City Kissimmee FL Zip Code 34746 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">EGUIGUREN, RODDY J</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2409 ABBY DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KISSIMMEE, FL 34741</td> </tr> </table> | | | TITLE | P | <input type="checkbox"/> Delete | NAME | EGUIGUREN, RODDY J | | STREET ADDRESS | 2409 ABBY DRIVE | | CITY-ST-ZIP | KISSIMMEE, FL 34741 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Eguiguren, Roddy J.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2426 Huron Cir.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Kissimmee, FL 34746</td> </tr> </table> | | | TITLE | P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Eguiguren, Roddy J. | | STREET ADDRESS | 2426 Huron Cir. | | CITY-ST-ZIP | Kissimmee, FL 34746 | |
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| 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 04/29/2005 (407) 319 2109 Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | |