

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 020 ***150.00

DOCUMENT # P03000067223

1. Entity Name
SAMUELS ACCOUNTING & FINANCIAL SERVICES, INC.



Principal Place of Business
**3143 ARBOR LN
HOLLYWOOD, FL 33021**

Mailing Address
**3143 ARBOR LN
HOLLYWOOD, FL 33021**

40057331



2. Principal Place of Business
2901 STIRLING ROAD

3. Mailing Address
2901 STIRLING ROAD

Suite, Apt. #, etc.
307

Suite, Apt. #, etc.
307

04212006 Chg-P CR2E034 (11/05)

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

4. FEI Number
54-1356208

Applied For
Not Applicable

Zip
33312

Country

Zip
33312

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAMUELS, HARRY M
3143 ARBOR LN
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

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

2901 STIRLING ROAD

SUITE 307

City **FT LAUDERDALE**

FL

Zip Code
33312

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/06

**FILE NOW!!! FEES \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
SAMUELS, HARRY M
3143 ARBOR LN
HOLLYWOOD, FL 33021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DIP/SIT

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP

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TITLE
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☐ Change ☐ 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:

Harry M. Samuels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

(954) 966-1350

Daytime Phone #