


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90297 018 \*\*\*150.00

DOCUMENT # P03000093703					
1. Entity Name <b>SAMERA HALAL FOOD INC.</b>					
Principal Place of Business <b>1892 ABBEY RD #B W PALM BCH, FL 33415</b>			Mailing Address <b>1892 ABBEY RD #B W PALM BCH, FL 33415</b>		
2. Principal Place of Business <b>1892 Abbey Rd #B</b> Suite, Apt. #, etc. <b>#B</b> City & State <b>W.P.B. FL</b> Zip <b>33415</b> Country <b>P.B.</b>			3. Mailing Address <b>Same.</b> Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>75-3129510</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>ALEXANDER, ALEX 1892 ABBEY RD #B W PALM BCH, FL 33415</b>			7. Name and Address of New Registered Agent Name <b>SAMHA AHMED</b> Street Address (P.O. Box Number is Not Acceptable) <b>1892 ABBEY RD # B.</b> <b>W.P.B</b> City <b>FL</b> Zip Code <b>33415</b>		
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 <i>Samha Ahmed</i> <b>SAMHA AHMED</b> <b>4-1-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD ALEXANDER, ALEX 1892 ABBEY RD #B W PALM BCH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (PD) SAMHA AHMED 1892 Abbey Rd #B W.P.B FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AHMED, ISA 1892 ABBEY RD #B W PALM BCH, FL 33415	<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 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: <i>Samha Ahmed</i> <b>SAMHA AHMED</b> <b>561-439-0373</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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