FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

112

FILED
Oct 18, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P04000013742

1. Entity Name
SAMY NURSING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5801 W 2nd CT	5801 W 2nd CT
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33012 Country:	Zip: 33012 Country: US

DO NOT WRITE IN THIS SPACE
4/26/05 90131 016 150.00

4. FEI Number 20-0647271 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ERNESTO DIAZ
Street Address (P.O. Box Number is Not Acceptable): 5801 W 2ND CT
City: HIALEAH FL Zip Code 33012

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PSD	TITLE	
NAME	ERNESTO DIAZ	NAME	
STREET ADDRESS	5801 W 2nd CT	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL. 33012	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MAURA SALGADO	NAME	
STREET ADDRESS	5801 W 2nd CT	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL. 33012	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all others like empowered.

SIGNATURE: [signature] 10/07/05 4/21/05 (786)426-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SAMMY NURSING CORP
5801 NW 2ND CT
HIALEAH, FL. 33012

October 7, 2005

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

ATTN: REINSTATEMENT SECCION

RE: Samy Nursing Corp
Doc#: P04000013742

Dear Sir/Madam:

I have received the attached Notice of Dissolution of our Corporation, and as I have sent the Annual report as well as the payment on 4/21/05, I called to your office and talked to Mrs. Tina.

She informed me that you send me a letter on May 10 returning the Annual Report to be rectified. I have never received such letter, and as you can see by the attached photocopy our check for $150.00 was deposited by you and paid by our bank on 04/26/2005.

I am requesting your help in solving the situation, waiving the payment of any penalty due to the fact that I had never received your letter. Attached you will find a complete Annual Report form.

In case you could need any additional information please contact our office at: (305)698-6318.

Thanks in advance for your help in the solution of this problem.

Ernesto Diaz
President