2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2006 8:00 am Secretary of State DOCUMENT # P04000030654 05-09-2006 90066 009 ***150.00 SAMPLE IT! PROMOTIONS, INC. Principal Place of Business Mailing Address 2520 S.W. 22 ST 2520 S.W. 22 ST 70000040 #186 #186 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address 1500 S. Douglas 500 S.D Suite, Apt. #, etc. CR2E034 (11/05) 04252006 Cha-P Suite 4. FEI Number Applied For F/ rables Ura 47-0938577 Not Applicable Country US A \$8.75 Additional 5. Certificate of Status Desired USA 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOSADA, JOHN Street Address (P.O. Box Number is Not Acceptable) 2690 S.W. 22 AVE #302 COCONUT GROVE, FL 33133 Zip Code 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition LOSADA, JOHN NAME NAME STREET ADDRESS 2690 S.W. 22 AVE #302 STREET ADDRESS CITY - ST - ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE S/T ☐ Delete TITLE ☐ Change ☐ Addition NAME LOSADA, JOHN STREET ADDRESS 2690 S.W. 22 AVE #302 STREET ADDRESS CtTY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truestee 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 addre SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #