
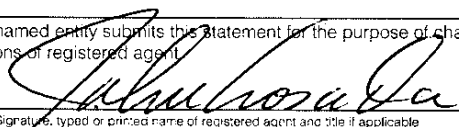


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90066 009 \*\*\*150.00

<b>DOCUMENT # P04000030654</b> 1. Entity Name <b>SAMPLE IT! PROMOTIONS, INC.</b>					
Principal Place of Business <b>2520 S.W. 22 ST</b> <b>#186</b> <b>MIAMI, FL 33145</b>			Mailing Address <b>2520 S.W. 22 ST</b> <b>#186</b> <b>MIAMI, FL 33145</b>		
2. Principal Place of Business <b>1500 S. Douglas Rd</b> Suite, Apt. #, etc. <b>Suite 230 A</b> City & State <b>Coral Gables FL</b> Zip <b>33134</b>		3. Mailing Address <b>1500 S. Douglas Rd</b> Suite, Apt. #, etc. <b>Suite 230 A</b> City & State <b>Coral Gables FL</b> Zip <b>33134</b>		Country <b>USA</b>	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>47-0938577</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOSADA, JOHN</b> <b>2690 S.W. 22 AVE</b> <b>#302</b> <b>COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>LOSADA, JOHN</b> <b>2690 S.W. 22 AVE #302</b> <b>COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/T</b> <b>LOSADA, JOHN</b> <b>2690 S.W. 22 AVE #302</b> <b>COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #