2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000058479 1. Entity Name SAMURAI, INC.						05-02-2005	90985 00	3 ***15().00
Principal Place of Business Mailing Address 333 SW 30 ROAD #6 333 SW 30 ROAD #6									
MIAMI, FL 33129 MIAMI, FL 33129									
2. Principal Place of Business 3. Mailing Address SAME			ans						
		Suite, Apt. #, etc.	f, etc.		04292005	Chg-P	CR2E03	4 (10/03)	
City & State CORAL CABLES, FL		City & State	City & State		4. FEI Numbe	01592	37	_ 	olied For
Zip 331_	Country	Zip	Country		•	of Status Desired		8.75 Addi	
6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent					
PEREZ, MICHAEL				Name					
10126 W. FLAGLER ST. MIAMI, FL 33174			SI	Street Address (P.O. Box Number is Not Acceptable)					
·			С	ity			FL	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 agent.									
SIGNATURE Weder Pers \$/29/05									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1,,2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	CERS AND (DIRECTORS	IN 11
title Name	PD MENDEZ, NOEL	☐ Delete	TITLE NAME	PD	Jos AIDE	,		Change	☐ Addition
STREET ADDRESS	·			TADDRESS ST-ZIP CORSL GABLES, FL 33134					
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-Z	IP COR	AL GABLE	5, FL 3313	34		
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET AD	DRESS					
CITY-ST-ZIP			CITY-ST-Z	IP .					
TITLE NAME	•	☐ Delete	TITLE					☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-Z	1					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET AD	UDEGG					
CITY-ST-ZIP			CITY-ST-Z	1					
TITLE		☐ Delete	TITLE				*******	Change	☐ Addition
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STREET ADDRESS CITY - ST - ZIP			STREET AD CITY-ST-Z						ļ
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NAME			NAME						_ `
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-Z						
12. hereby o	Lertify that the information supplied with t	his filing does not qualify for	the exempti	on stated in Se	ection 119.07(3)(i). Florida Statutes I	further certif	v that the in	formation
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 eath; that I am an officer or director of the corporation or the receiver or trusged 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 a handleress, with all other like empowered.									