

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90985 003 ***150.00

DOCUMENT # P04000058479 1. Entity Name SAMURAI, INC.																													
Principal Place of Business 333 SW 30 ROAD #6 MIAMI, FL 33129			Mailing Address 333 SW 30 ROAD #6 MIAMI, FL 33129																										
2. Principal Place of Business 3707 PONCE DE LEON BLVD. Suite, Apt. #, etc. 2ND FLOOR		3. Mailing Address SAME Suite, Apt. #, etc.																											
City & State CORAL GABLES, FL		City & State		4. FEI Number 90-0159237																									
Zip 33134		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PEREZ, MICHAEL 10126 W. FLAGLER ST. MIAMI, FL 33174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u><i>Michael Perez</i></u> DATE <u><i>4/29/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MELENDEZ, NOEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 30 ROAD #6</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33129</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	MELENDEZ, NOEL		STREET ADDRESS	333 SW 30 ROAD #6		CITY-ST-ZIP	MIAMI, FL 33129		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MELENDEZ, NOEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3707 PONCE DE LEON BLVD. 2ND FLOOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MELENDEZ, NOEL		STREET ADDRESS	3707 PONCE DE LEON BLVD. 2ND FLOOR		CITY-ST-ZIP	CORAL GABLES, FL 33134	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 *(786) 487 0423*
Date Daytime Phone #