

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90070 033 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000061831

1. Entity Name
SAMAAN ENTERPRISE INC.



Principal Place of Business Mailing Address

808 SE 12 CT 808 SE 12 CT
 UNIT 7 UNIT 7
 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40037894



02202007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
34-1991425 Not Applicable

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

6. Name and Address of Current Registered Agent

MODAS, DANIEL A
 1215 SE 2 AVE #202
 FT LAUDERDALE, FL 33335

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMAAN, SANDRA R	NAME	Sandra Samaan-Kadien
STREET ADDRESS	808 SE 12 CT	STREET ADDRESS	608 SW 6 Avenue
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	CITY-ST-ZIP	Ft. Lauderdale FL 33315
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Brian Kadien
STREET ADDRESS		STREET ADDRESS	608 SW 6 Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Ft. Lauderdale FL 33315
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 trustee 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 address, with all other like empowered.

SIGNATURE: Sandra Samaan-Kadien Date: 2/21/07 Daytime Phone #: 954-467-0315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR