

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

Page 1 of 1

DOCUMENT #	P04000078365
1. Entity Name	<i>2005</i>
SAMARA BROTHERS, INC.-DBA:GOODEFELLAS	

FILED  
06 APR 14 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
21333 NW 2ND AVE		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33169			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For
		38-3702229		Not Applicable
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name		
		SAMARA, ALI		
		Street Address (P.O. Box Number is Not Acceptable)		
		21333 NW 2ND AVE		
		City		Zip Code
		MIAMI		33169

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 *[Signature]* ALI Samara *3/7/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	SAMARA, ALI	NAME	
STREET ADDRESS	21333 NW 2ND AVE	STREET ADDRESS	800073571998
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	05/02/06--01004--022 **150.00
TITLE		TITLE	
NAME		NAME	<i>[Signature]</i>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	000073572390
CITY-ST-ZIP		CITY-ST-ZIP	05/02/06--01004--023 **150.00
TITLE		TITLE	
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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ALI Samara *3/7/06* *3052498331*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



# ACCOUNTING MADE EZ, INC.

ACCOUNTING . BOOKKEEPING . TAX . BUSINESS PLANS . CONSULTING

*Adrian Mulko*

February 23, 2006

Florida Dept of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref:  
Samara Brothers, Inc-DBA: Goodfellows  
Document # P04000078365

Enclosed are the UBR filing for the years 2005

We are respectfully asking you abate all penalties since the Director/Officer was not aware of any filing requirements and did not receive a notice advising him of any filing requirements.

We have since advised Samara Brothers, Inc-DBA: Goodfellows of the annual UBR filing requirements and will now comply annually.

If you have any questions, feel free to call me or set-up and appointment so I can discuss with you the components and analysis of your financial statements.

Sincerely,

Adrian Mulko  
Accounting Made EZ, Inc.