

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087742

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: JUSTSAM, INC,

**Current Principal Place of Business:**

27921 SW 130 COURT  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

7348 SW 117 AVENUE  
MIAMI, FL 33183

**Current Mailing Address:**

27921 SW 130 COURT  
HOMESTEAD, FL 33032

**New Mailing Address:**

7348 SW 117 AVENUE  
MIAMI, FL 33183

FEI Number: 11-3720122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OUPASENE, ODAI  
14388 SW 97TH TERRACE  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OUPSENE, ODAI  
Address: 14388 SW 97TH TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: OUPASENE, SAMLY  
Address: 27921 SW 130 COURT  
City-St-Zip: HOMESTEAD, FL 33032

Title: STD ( ) Delete  
Name: OUPASENE, DOUANGPHON  
Address: 27921 SW 130 COURT  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODAI OUPASENE

PD

01/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date