

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 044 ***158.75

DOCUMENT # P04000101566

1. Entity Name
SAM & ROS INVESTMENTS INC.



Principal Place of Business Mailing Address
2500 NE 4TH AVE **2500 NE 4TH AVE**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**



2. Principal Place of Business 3. Mailing Address
28 SE 23rd Ave **28 SE 23rd Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
Pompano Bch. **Pompano Beach**
 Zip Country Zip Country
33062 **Broward** **33062** **Broward**

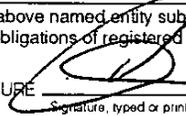
4. FEI Number Applied For
06-1732155 Not Applicable

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

6. Name and Address of Current Registered Agent
SAMMARITANO, ANTONY
2500 NE 4TH AVE
POMPANO BEACH FL 33064

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  (NOTE: Registered Agent signature required when reinstating) DATE

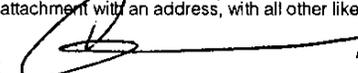
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SAMMARITANO, ANTONY 2500 NE 4TH AVE POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSAS, JESSICA M 3951 NW 109 A Coral Springs - FL - 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/18/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #