

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90023 023 \*\*\*150.00

**DOCUMENT # P05000022603**

1. Entity Name  
**SAMKIN GLOBAL INC.**



Principal Place of Business  
**1525 NW 3RD STREET  
SUITE # 10  
DEERFIELD BEACH, FL 33442 US**

Mailing Address  
**P. O. BOX 4517  
DEERFIELD BEACH, FL 33442 US**



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

3. Mailing Address

01112008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-2327885**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHANGELA, SUDHA M**  
~~4314 TUSCANY WAY~~ **9128 ISLES CAY DRIVE**  
~~BOYNTON BEACH, FL 33435~~  
**DELRAY 33446**

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 *S. M. Changela* **SUDHA M. CHANGELA, PRESIDENT** **01/15/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHANGELA, SUDHA M	
STREET ADDRESS	4314 TUSCANY WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHANGELA, MAHENDRA K	
STREET ADDRESS	4314 TUSCANY WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHANGELA, SUDHA M	
STREET ADDRESS	4314 TUSCANY WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHANGELA, SUDHA M	
STREET ADDRESS	4314 TUSCANY WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9128 ISLES CAY DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9128 ISLES CAY DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9128 ISLES CAY DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9128 ISLES CAY DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *S. M. Changela* **SUDHA M. CHANGELA** **01/15/08** **(954) 428-6028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #