


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90484 036 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P05000090038</b><br>1. Entity Name<br><b>SAMBU COMMERCIAL SERVICE, INC.</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>113 SOUTH MACDILL AVENUE #B<br/>TAMPA, FL 33609</b>  |   |   | Mailing Address<br><b>113 SOUTH MACDILL AVENUE #B<br/>TAMPA, FL 33609</b>   |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>LEE, DONG I</b><br><b>113 SOUTH MACDILL AVENUE #B</b><br><b>TAMPA, FL 33609</b>   |   |   | Name <b>Jang Kevn Lee</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15009 Meadowlake street</b><br>City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b> |   |  |
| 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.<br>SIGNATURE <u><i>Jang Kevn Lee</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>LEE, DONG I</b><br><b>113 SOUTH MACDILL AVENUE #B</b><br><b>TAMPA, FL 33609</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>Lee, Jang kevn</b><br><b>113 South MacDill Ave # B</b><br><b>Tampa FL 33609</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u><i>Jang Kevn Lee</i></u>   |   |   | 04-24-06  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date Daytime Phone #  |   |  |



04212006 Chg-P CR2E034 (11/05)

4. FEI Number **01-0238710** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required