

FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

DOCUMENT # **P05000133700**

1. Entity Name

Saman Developers, Inc.



12 SEP 11 AM 8:51

SECRET
TALL

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

45 Valencia Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

Coral Gables, FL.

City & State

Coral Gables, FL.

4. FEI Number

20-3634245

Applied For

Not Applicable

33134

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **RASSNER, WAYNE H.**

Street Address (P.O. Box Number is Not Acceptable)

7700 N. Kendall Drive, Suite #510

City **Miami,**

FL

Zip Code **33156**

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 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 AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Mohammad Hajjar
STREET ADDRESS	45 Valencia Ave.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SEP 11 2012

A. DUNLAP

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohammad Hajjar

9/4/12

305/445-2399
305/788-8070

Date

Daytime Phone #