

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000133355

Entity Name: SAMA OPTIKA INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17070COLLINS AVENUE  
255  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17070 COLLINS AVENUE  
255  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 20-5744612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AZERRAF, PROSPER  
17070COLLINS AVENUE  
255  
SUNNY ISLES BEACH, FL 33160 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AZERRAF, PROSPER  
Address: 17070 COLLINS AVENUE SUITE 255  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP  
Name: VALERIANO, REGINA  
Address: 17070COLLINS AVENUE SUITE 255  
City-St-Zip: SUNNY ISLES BEACH ,, FL 33160

Title: SEC  
Name: GATES, NATHALIE  
Address: 17070 COLLINS SUITE 255  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: PROSPER AZERRAF

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date