


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 017 ***150.00

DOCUMENT # P07000044768	
1. Entity Name SAMBISTA SYSTEMS, INC.	

Principal Place of Business 184 SCOTT BLVD KISSIMMEE, FL 34746	Mailing Address 184 SCOTT BLVD KISSIMMEE, FL 34746
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2. Principal Place of Business - No P.O. Box # 52 Riley Road	3. Mailing Address 52 Riley Road
Suite, Apt. #, etc. #304	Suite, Apt. #, etc. #304

City & State Celebration FL	City & State Celebration FL
Zip 34747	Country Osceola



04302008 Chg-P CR2E034 (12/06)

4. FEI Number 208818416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WANDELL, RON 184 SCOTT BLVD KISSIMMEE, FL 34746	
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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: <u><i>Ronald Wandell</i></u> President Director	DATE: <u>4/28/2008</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WANDELL, RON 184 SCOTT BLVD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: <u><i>Ronald Wandell</i></u>	DATE: <u>4/28/2008</u>	DAYTIME PHONE # <u>407-347-7257</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		