


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90237 036 \*\*\*158.75

<b>DOCUMENT # P07000071177</b>		
1. Entity Name <b>S.A.M. SERVICES CORP.</b>		

Principal Place of Business <b>2322 ACADEMY CIRCLE WEST, APT. 107 KISSIMMEE, FL 34744</b>	Mailing Address <b>2322 ACADEMY CIRCLE WEST, APT. 107 KISSIMMEE, FL 34744</b>
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2. Principal Place of Business - No P.O. Box # <b>1358 Ivy Meadow Dr</b>	3. Mailing Address <b>1358 Ivy Meadow Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32824</b>	Zip <b>32824</b>
Country <b>USA</b>	Country <b>Orange</b>

04292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>74-3218084</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, SUSAN  
2322 ACADEMY CIRCLE WEST, APT. 107  
KISSIMMEE, FL 34744**

**7. Name and Address of New Registered Agent**

Name **Susan Rodriguez**

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

**1358 Ivy Meadow Dr**

City **Orlando**

**FL**

Zip Code **32824**

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 **Susan Rodriguez**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/08**

**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 <b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RODRIGUEZ, SUSAN</b>	
STREET ADDRESS <b>2322 ACADEMY CIRCLE WEST, APT. 107</b>	
CITY - ST - ZIP <b>KISSIMMEE, FL 34744</b>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

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 <b>Rodriguez, SUSAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1358 Ivy Meadow Dr</b>	
STREET ADDRESS <b>Orlando, FL 32824</b>	
CITY - ST - ZIP	

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Susan Rodriguez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/08**