2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM

Principles Place of Business Mailing Address 9700.5. DUKE HIGHWAY # 1030 #1030 MAMI, FL 33156 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Cartification of Status Desired Registered Agent	DOCUMENT # P08891 1. Entity Name SAMOLE ENTERPRISES, INC.		Secretary of State	
DO NOT WRITE IN THIS SPACE A_FEIN_withor	9700 S. DIXIE HIGHWAY 9700 S. DIXIE HIGHWAY #1030			
SAMOLE, MYRON M. SAMOLE, MYRON M. STO S, DIXIE HWY STE 1030 MIAMI, FL 33156 6. Name and Address of Ourrein Registered Agent DO NOT WRITE IN THIS SPACE 6. 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 Syrature, typed of printed same of registered agent and dist if excitable. Paralle, typed of printed same of registered agent and dist if excitable. ANTE Registered Agent and all type and the state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syrature, typed of printed same and distribution. DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$\$55.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. DO NOT WRITE INIT HIS SPACE INIT THIS SPACE INIT THIS SPACE				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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: SIGNATURE AND WARD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND WARD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date				