

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000024411**

1. Entity Name  
**SAMIR ENTERPRISES, INC.**



Principal Place of Business  
**2172 WHISPER LAKES BLVD.  
ORLANDO, FL 32837 US**

Mailing Address  
**9239 PECKY CYPRESS WAY  
ORLANDO, FL 32836 US**



05022007 No Chg-P CR2E034 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3173798</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**IBRAHIM, ALKARIM  
9239 PECKY CYPRESS WAY  
ORLANDO, FL 32836**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALKARIM, IBRAHIM 9239 PECKY CYPRESS WAY ORLANDO, FL 32836
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05/25/07-80047-005-150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** ALKARIM IBRAHIM **May 01.07** **407 782-8453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #