

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000060563

1. Entity Name
SAMKA CORP.



Principal Place of Business
**4185 PINE RIDGE LANE
WESTON, FL 33331 US**

Mailing Address
**4185 PINE RIDGE LANE
WESTON, FL 33331 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0566323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERO, SAMUEL
4185 PINE RIDGE LANE
WESTON, FL 33331**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000450593
03/10/06-80012-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERO, SAMUEL
STREET ADDRESS	4185 PINE RIDGE LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	PERO, ROSANNE
STREET ADDRESS	4185 PINE RIDGE LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	MORGAN, DONNA
STREET ADDRESS	7620 NW 120 DRIVE
CITY-ST-ZIP	PARLAND, FL 33076
TITLE	D
NAME	PERO, KIM
STREET ADDRESS	4782 SUNKIST WAY
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	PERO, SAMUEL J
STREET ADDRESS	8843 BAY VILLA COURT
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: SAMUEL PERO *Samuel Pero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Date

954-389-5091

Daytime Phone #