

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060563

Entity Name: SAMKA CORP.

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

4185 PINE RIDGE LANE  
WESTON, FL 33331 US

## New Principal Place of Business:

## Current Mailing Address:

4185 PINE RIDGE LANE  
WESTON, FL 33331 US

## New Mailing Address:

FEI Number: 65-0566323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PERO, ROSEANNE  
4185 PINE RIDGE LANE  
WESTON, FL 33331 US

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.

SIGNATURE: ROSEANNE PERO

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PERO, SAMUEL  
Address: 4185 PINE RIDGE LANE  
City-St-Zip: WESTON, FL 33331

Title: D ( ) Delete  
Name: PERO, ROSANNE  
Address: 4185 PINE RIDGE LANE  
City-St-Zip: WESTON, FL 33331

Title: D ( ) Delete  
Name: MORGAN, DONNA  
Address: 7620 NW 120 DRIVE  
City-St-Zip: PARLAND, FL 33076

Title: D ( ) Delete  
Name: PERO, KIM  
Address: 4782 SUNKIST WAY  
City-St-Zip: COOPER CITY, FL 33330

Title: D ( ) Delete  
Name: PERO, SAMUEL J  
Address: 8843 BAY VILLA COURT  
City-St-Zip: ORLANDO, FL 32836

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEANNE PERO

D

03/16/2009

Electronic Signature of Signing Officer or Director

Date