

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90022 048 \*\*\*150.00

<b>DOCUMENT # P95000022146</b> 1. Entity Name <b>SAMTRAC CORP.</b>			
Principal Place of Business <b>1012 NE 44 ST FORT LAUDERDALE FL 33334</b>		Mailing Address <b>1012 NE 44 ST FORT LAUDERDALE FL 33334</b>	
2. Principal Place of Business - No P.O. Box # <b>2701 N. OCEAN BLVD</b> Suite, Apt. #, etc. <b># 15A</b>		3. Mailing Address <b>2701 N. OCEAN BLVD</b> Suite, Apt. #, etc. <b># 15A</b>	
City & State <b>Fort Lauderdale, FL</b> Zip <b>33308</b> Country		City & State <b>Fort Lauderdale, FL</b> Zip <b>33308</b> Country	
4. FEI Number <b>65-0569747</b>		Applied For <input type="checkbox"/> 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 <b>GOKALP, TANER 1012 NE 44 ST FORT LAUDERDALE FL 33334</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2701 N. OCEAN BLVD # 15A</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>	
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  DATE <b>3/10/08</b> <small>(NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANNER, GOKALP 1012 NE 44 ST FORT LAUDERDALE FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 N. OCEAN BLVD # 15A</b> <b>Fort Lauderdale, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date <b>3/10/08</b> Daytime Phone # <b>954 568-1540</b>	