2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 13, 2007 8:00 am Secretary of State 03-13-2007 90016 020 ***150.00 **DOCUMENT # P95000042383** 1. Entity Name SAM'S A., INC. 40034873 Mailing Address Principal Place of Business 603 W MOWRY DR 603 W MOWRY DR HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0582501 Not Applicat \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ELAYAN, FARID M DO NOT WRITE 603 W MOWRY DRIVE HOMESTEAD, FL 33030 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 acce the obligations of registered agent Edyay ted name of repulsional and title if applicable. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, - -TITLE ELAYAN, FARID M NAME STREET ADDRESS 603 W MOWRY DRIVE CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

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