2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2008 08:00 A Secretary of State DOCUMENT # P96000028734 1. Entity Namo SAMARON, INC. Principal Place of Business Mailing Address 8016 ATLANTIC BLVD JACKSONVILLE FL 32211 8016 ATLANTIC BLVD JACKSONVILLE FL 32211 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-3372042 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATIFF, G S Street Address (P.O. Box Number is Not Acceptable) 1301 S FIRST ST UNIT 407 JACKSONVILLE BEACH FL 32250 City Zip Code 8. The above named entity submits the 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, typed or overregulariza of ert and the frame acid. #NOTE Recisioned Appraisant larger regioned when reinstalings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. * [] Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change TITLE TITLE Addition Derete NAME LATIFF, G S NAMI 000000801638 STREET ADDRESS 1301 S FIRST ST UNIT 407 STREET ALIONESS 02/01/08-80026-010 150.00 CITY-ST-ZIP JACKSONVILLE BCH FL 32250 CITY-ST ZIP ☐ Change Addition ☐ De ete TITLE TITLE NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change THLE ☐ Da•ete HILE Addition NAME NAME STREET ADORESS STREET ADDRESS (HTV- ST- 212 CITY-ST-ZIP ☐ Change ☐ De:ete IIILE Addition HAME HAMI STREET ADDRESS STREET ADDRESS (97Y-\$1-2IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Deiete TITLE NAME 11414. STREET ADDRESS STREET ADDRESS CDY-ST-ZP CITY-S1-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filling 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 call; that I am an efficer 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.

1-24-08 904-962-8639