


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000061336	
1. Entity Name SAMPLE 95, INC.	
	
Principal Place of Business 2875 NE 191ST STREET PH 1B AVENTURA, FL 33180	Mailing Address 2875 NE 191ST STREET PH 1B AVENTURA, FL 33180



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0691451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THEODORE J KLEIN, ESQ
8030 PETERS RD
BLDG D, SUITE 104
PLANTATION, FL 33324**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AZOUT, JACK 2875 NE 191 ST, PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SREDNI, ERWIN 2875 NE 191 ST, PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SREDNI, ISAAC 2875 NE 191 ST, PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILINSKI, SAUL 2875 NE 191 STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000931525
05/22/08-80018-011 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #