

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90001 006 \*\*\*150.00

DOCUMENT # P96000062912

1. Entity Name  
 SAM SAHAI, INC.



Principal Place of Business  
 1300 E BAY DR  
 LARGO, FL 34641

Mailing Address  
 HASTINGS & ASSOCIATES, PA  
 2207 54TH ST S  
 SAINT PETERSBURG, FL 33707

54072895



07212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3389592	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

HASTINGS, DAVID C  
 HASTING & ASSOCIATES, PA  
 2207 54TH ST S  
 SAINT PETERSBURG, FL 33707

**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)

7/23/04  
 DATE

FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with S. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARUNGSINSAP, PREECHA 1300 E BAY DR LARGO, FL 34641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AUGUSTO, PRATANA 1300 E BAY DR LARGO, FL 34641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARUNGSINSAP, MONGOL 1300 E. BAY DR LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/23/04 (729) 584-5522  
 Date Daytime Phone #