


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90564 041 \*\*\*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



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
 59-3389592

Applied For  
 Not Applicable

04112005 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired  \$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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARUNGSINSAP, PREECHA			NAME			
STREET ADDRESS	1300 E BAY DR			STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 34641			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUGUSTO, PRATANA			NAME			
STREET ADDRESS	1300 E BAY DR			STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 34641			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARUNGSINSAP, MONGOL			NAME			
STREET ADDRESS	1300 E. BAY DR			STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33771			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: \_\_\_\_\_ DATE: 4/14/05 DAYTIME PHONE #: (927) 804-0541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR