## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P96000097558** SAMUELS & MURRAH CORPORATION Principal Place of Business Mailing Address 900 W 49 ST 900 W 49 ST 300 A 300 A HIALEAH, FL 33012 US HIALEAH, FL 33012 US No Chg-P CR2E034 (10/03) 04162004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0726561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SAMUEL, MARY C DO NOT WRITE 15311 DUENFORD DR MIAMI LAKES, FL 33014 IN THIS SPACE 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000127833 04/26/04-80014-014 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SAMUEL, MARY C NAME STREET ADDRESS 15311 DURNFORT DR HIALEAH, FL 33014 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:** 

CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

COLATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4116104

(345) 231-4200

Deytime Phon

**FILED**