

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90238 043 \*\*\*150.00

**DOCUMENT # P96000098421**

1. Entity Name  
**SAMCO MANAGEMENT GROUP, INC.**



Principal Place of Business  
2101 W. COMMERCIAL BLVD.  
STE 2800  
FT. LAUDERDALE, FL 33309

Mailing Address  
2101 W. COMMERCIAL BLVD.  
STE 2800  
FT. LAUDERDALE, FL 33309 US

**14011158**



2. Principal Place of Business  
**1700 NW 64th St.**

3. Mailing Address  
**1700 NW 64th St.**

01142004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
**100**

Suite, Apt. #, etc.  
**100**

City & State  
**Ft. Lauderdale Fl.**

City & State  
**Ft. Lauderdale Fl.**

4. FEI Number  
**65-0719485**

Applied For  
Not Applicable

Zip  
**33309**

Country  
**USA**

Zip  
**33309**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BONNIE LARRY**  
**BONNIE, LARRY**  
100 SE 2ND ST  
34TH FLOOR  
MIAMI, FL 33131

**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

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, 2004 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	P GOLDMAN, SAM J 2101 W. COMMERCIAL BLVD. #2800 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**41404 954-777-3101**

Date

Daytime Phone #