

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90290 046 \*\*\*150.00

DOCUMENT # P97000001450

1. Entity Name

SAMMOUNT, INC.



Principal Place of Business

Mailing Address

3400 NE 34TH STREET  
#101  
FT LAUDERDALE FL 33308  
US

3400 NE 34TH STREET  
#101  
FT LAUDERDALE FL 33308  
US



2. Principal Place of Business

3. Mailing Address

2700 NORTH 29<sup>th</sup> AVE.

2700 NORTH 29<sup>th</sup> AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108

#108

City & State

City & State

HOLLYWOOD, FL

HOLLYWOOD, FL

Zip

Country

Zip

Country

33020

USA

33020

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0723885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHTER, SAM  
3400 NE 34TH STREET - #101  
FT. LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

2700 NORTH 29<sup>th</sup> AVENUE

#108

City

HOLLYWOOD

FL

Zip Code

33020

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
RICHTER, SAM  
3400 NE 34TH STREET #101  
FT LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2700 NORTH 29<sup>th</sup> AVE #108  
HOLLYWOOD, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SAM RICHTER, PRESIDENT

4/11/06

Date

(954) 929-1122

Daytime Phone #