


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000050214 |  |
| 1. Entity Name SAMARKAND CORPORATION | |

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|---|---|
| Principal Place of Business 8019 N HIMES AVE. #500 TAMPA, FL 33614 US | Mailing Address 8019 N HIMES AVE. #500 TAMPA, FL 33614 US |
|---|---|



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3454574 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HO, RONALD 8019 N HIMES AVE. #500 TAMPA, FL 33614 |
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**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)

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**

U00000123872
04/22/04 00022 011 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WONG, CAMILLE J 335 W NORMAN AVE ARCADIA, CA 91007 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LUK, LESLEY J 1240 VIA CORONEL PALOS VERDES ESTATES, CA 90274 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LUK, ANDREW 1120 BONITA AVE #1 MOUNTAIN VIEW, CA 94040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M HO, RONALD Y 8019 N HIMES AVE #101 TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AM HO, SAMUEL C 8019 N. HIMES AVE #101 TAMPA, FL 33614 |
| 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

Samuel Ho 4/20/04 (813) 933-3439

Date

Daytime Phone #