

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050214

FILED
Apr 03, 2007
Secretary of State

Entity Name: SAMARKAND CORPORATION

Current Principal Place of Business:

8019 N HIMES AVE.
#500
TAMPA, FL 33614 US

Current Mailing Address:

8019 N HIMES AVE.
#500
TAMPA, FL 33614 US

New Principal Place of Business:

4350 W. WATERS AVE.
#202
TAMPA, FL 33614 US

New Mailing Address:

4350 W. WATERS AVE.
#202
TAMPA, FL 33614 US

FEI Number: 59-3454574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HO, RONALD
8019 N HIMES AVE.
#500
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

HO, RONALD
4350 W. WATERS AVE.
#202
TAMPA, FL 33614 US

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.

SIGNATURE:

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WONG, CAMILLE J
Address: 335 W NORMAN AVE
City-St-Zip: ARCADIA, CA 91007

Title: VD () Delete
Name: LUK, LESLEY J
Address: 1240 VIA CORONEL
City-St-Zip: PALOS VERDES ESTATES, CA 90274

Title: STD () Delete
Name: LUK, ANDREW
Address: 1120 BONITA AVE #1
City-St-Zip: MOUNTAIN VIEW, CA 94040

Title: M () Delete
Name: HO, RONALD Y
Address: 8019 N HIMES AVE #500
City-St-Zip: TAMPA, FL 33614

Title: AM () Delete
Name: HO, SAMUEL C
Address: 8019 N. HIMES AVE #500
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: HO, RONALD Y
Address: 4350 W. WATERS AVE., #202
City-St-Zip: TAMPA, FL 33614

Title: AM (X) Change () Addition
Name: HO, SAMUEL C
Address: 4350 W. WATERS AVE., #202
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL HO

AM

04/03/2007

Electronic Signature of Signing Officer or Director

Date