

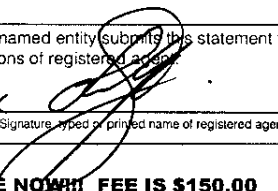


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90061 003 ***150.00

DOCUMENT # P97000073335 1. Entity Name SAMIVA, INC.																													
Principal Place of Business 16747 N.W. 13 STREET PEMBROKE PINES, FL 33028				Mailing Address 16747 N.W. 13 STREET PEMBROKE PINES, FL 33028																									
2. Principal Place of Business 18911 Collins Ave Suite, Apt. #, etc. 407		3. Mailing Address 18911 Collins Ave Suite, Apt. #, etc. 407																											
City & State Sunny Isles Beach, FL		City & State Sunny Isles Beach, FL		02022004 Chg-P CR2E034 (10/03)																									
Zip Country 33160 USA		Zip Country 33160 USA		4. FEI Number 65-0780663																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent CARDENAS, LUIS E 16747 N.W. 13 STREET PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent: Name Luis E. Cardenas Street Address (P.O. Box Number is Not Acceptable) 18911 Collins Ave Apt. 407 City Sunny Isles FL Zip Code 33160																									
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 				DATE 2/2/04																									
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARDENAS, LUIS E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16747 N.W. 13 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	CARDENAS, LUIS E		STREET ADDRESS	16747 N.W. 13 STREET		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 affidavit with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #