

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000080186	
1. Entity Name SAM'S INVESTMENT CORP	
Principal Place of Business 37071 MAIN STREET CANAL POINT, FL 33438	Mailing Address P.O. BOX 455 CANAL POINT, FL 33438



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0861686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HEFFERNAH, RICHARD L CPA 2911 E. MAIN STREET PAHOKEE, FL 33476	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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000927243
05/20/08-80097-012 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EL DAGARR, SAMEH S 38941 2ND STREET CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RODRIGUEZ, GUADALUPE R 12405 LAKE SHORE DR CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP&S EL DAGHAR, ZINA S 11211 SOUTH MILITARY TRAIL APT# 1211 BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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

4/23/08 (561)924-6050

Date

Daytime Phone #