

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90038 023 ***150.00

DOCUMENT # P99000020920

1. Entity Name
1400 SAMARI INVESTMENT, INC.



Principal Place of Business

**1400 N SEMORAN BLVD
SUITE G
ORLANDO, FL 32807**

Mailing Address

**1400 N SEMORAN BLVD
SUITE G
ORLANDO, FL 32807**

40111420



05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3560165

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIVERA, SANTOS
1400 N SEMORAN BLVD
SUITE G
ORLANDO, FL 32807**

**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
Due by September 14, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE P
NAME OLAN, SANTOS R
STREET ADDRESS 1400 N SEMORAN BLVD STE G
CITY-ST-ZIP ORLANDO, FL 32807

TITLE VP
NAME RIVERA, AMARILLYS
STREET ADDRESS 2001 ROBERTS POINT DR
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE STD
NAME MARRERO, WANDA S
STREET ADDRESS 2001 ROBERTS POINT DR
CITY-ST-ZIP WINDERMERE, FL 34786

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

5/11/07

(907) 380 5353

Daytime Phone #