
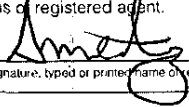
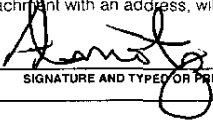


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 21 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P99000030243</b><br>1. Entity Name<br><b>SAM INTERPRISES GROUP, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>8567 SW 24TH STREET #283<br/>MIAMI, FL 33155 US</b>   |   |   | Mailing Address<br><b>8567 SW 24TH STREET #283<br/>MIAMI, FL 33155 US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |  |  |
| City & State  |   |   | City & State  |  |  |
| Zip   |   | Country   |   | Zip  |  |
| Country   |   | Country   |   | 4. FEI Number<br><b>65-0915918</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>AMPUERO, SERGIO<br/>8567 SW 24TH STREET #283<br/>MIAMI, FL 33155</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Anajanya Carmenaty</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>8567 SW 24 Street #283</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33155</b> |  |
| 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.<br>SIGNATURE  DATE <b>5/11/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD <input type="checkbox"/> Delete<br><b>CARMENATY, ANAJANYA<br/>8567 SW 24TH STREET #283<br/>MIAMI, FL 33155</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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:   |   |   | Date <b>5/11/04</b> (786) 395-6810  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <small>Daytime Phone #</small>  |  |  |



03012003 Chg-P CR2E034 (10/03)

4. FEI Number 65-0915918 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
AMPUERO, SERGIO  
8567 SW 24TH STREET #283  
MIAMI, FL 33155

7. Name and Address of New Registered Agent  
Name Anajanya Carmenaty  
Street Address (P.O. Box Number is Not Acceptable) 8567 SW 24 Street #283  
City Miami FL Zip Code 33155

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] DATE 5/11/04  
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP  
PD [ ] Delete  
CARMENATY, ANAJANYA  
8567 SW 24TH STREET #283  
MIAMI, FL 33155

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[ ] Change [ ] Addition  
000037433410  
05/28/04--01053--011 \*\*150.00

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] Date 5/11/04 (786) 395-6810  
Daytime Phone #