

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047485

1. Entity Name

SAM INCORPORATED OF FT. LAUDERDALE



Principal Place of Business

**902 NE 62ND STREET
LAUDERDALE, FL 33334**

Mailing Address

**902 NE 62ND STREET
LAUDERDALE, FL 33334**



04262004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0923302

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERNARD, ANTHONY
16201 SW 95 AVE.
SUITE 109
MIAMI, FL 33157**

**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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SULTANA, TANIA
4244 LEO LANE, #262
WEST PALM BEACH, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
AFOO, SHAHZAHAN D
530 E. MCNAB ROAD APT. 9
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

U000000147156
05/03/04-80095-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

ATM ALI ASHRAF

ATM ALI ASHRAF (Manager) 04-25-04

954 267 0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #