

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2006 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**



07172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0923302**

Applied For

Not Applicable

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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  
**P  
SULTANA, TANIA  
4244 LEO LANE, #262  
WEST PALM BEACH, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
AFOO, SHAHZAHA 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000574441  
08/16/06-80001-005 150.00

**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:

**A.T.M. ALI ASHRAF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-03-06**  
Date

**9542670516**  
Daytime Phone #