

FROM : Bovea Accounting Svcs.

FAX NO. : 3052259658

Apr. 21 2004 01:11PM P2

FILED**Apr 26, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000103649		
1. Entity Name SAMANDU OF MIAMI INC.		
Principal Place of Business 12615 SW 91 ST MIAMI, FL 33186		Mailing Address 12615 SW 91 ST. MIAMI, FL 33186
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VUCKOVICH, BRANKO 12615 SW 91 ST. MIAMI, FL 33186		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 his approval. (NOTE: Registered Agent signature required when changing)		
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	D VUCKOVICH, BRANKO 12615 SW 91 ST. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUCKOVICH, MARIA J 12615 SW 91 ST. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 addendum, with all other like empowered		
SIGNATURE: * <i>Branko Vuckovich</i>		04-21-04 Date
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Daytime Phone #



04212004 No Chg-P CR2ED34 (10/03)

4. Fil Number 85-1081016	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**