2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2005 08:00 AV DOCUMENT # V70133 **Secretary of State** 1. Entity Name S.A.M. ENTERPRISES, INC. Mailing Address Principal Place of Business 3360 N.W. 69TH STREET MIAMI FL 33147 3360 N.W. 69TH STREET MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0363411 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANAS, SERGIO 3360 N.W. 69TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** Zip Code FI 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 9. Election Campaign Financing \$5.00 May 8e After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE PD ☐ Defete 111:1 ☐ Change Addition MANAS, SERGIO NAME NAME STREET ADORESS 3360 N.W. 69TH STREET STREET AUORESS CITY-ST-ZIP **MIAMI FL 33147** CHY-SI-ZP MILE ☐ Delete 11111 ☐ Change ☐ Addition MANUF NAMI U00<mark>00035</mark>0988 05/02/05-80127-004 150.00 STREET ADDRESS STRIFFT ADDRESS CHY-SI-7P CITY-ST-ZIE THELE ☐ Delete ☐ Change ☐ Addition NAME MARK STREET ADDRESS STREET ADDRESS CHY-SI-70 CHY-S1-7/P MHF ☐ Delete 71115 Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete 71716 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE ☐ Delete HILE Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY SE-ZIP CHY ST-7P

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 supplied ental 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:

**FILED** 

305-826-4010