

2026 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000005317

Entity Name: SAMBAZON, INC.

Current Principal Place of Business:

209 AVENIDA FABRICANTE
SUITE 200
SAN CLEMENTE, CA 92672

Current Mailing Address:

209 AVENIDA FABRICANTE
SUITE 200
SAN CLEMENTE, CA 92672 US

FEI Number: 84-1553989

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name BLACK, RYAN
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title CFO
Name NASCIMENTO, RICARDO PERDIGAO
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title SECRETARY
Name GREENBURG, G SCOTT
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title CHAIRMAN OF THE BOARD
Name MURRAY, ALAN
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR
Name BLACK, RYAN
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR
Name KELLISON, BLAIR
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR
Name GUSMAO, RIVADAVIA
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR
Name LEPINARD, SEBASTIEN
Address 209 AVENIDA FABRICANTE
 SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RYAN BLACK

CEO

02/24/2026

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FREEDMAN, ANDREA
Address 209 AVENIDA FABRICANTE
SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672

Title DIRECTOR
Name CONWAY, SHAWN
Address 209 AVENIDA FABRICANTE
SUITE 200
City-State-Zip: SAN CLEMENTE CA 92672