

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90020 034 ***150.00



DOCUMENT # F0600005981
 1. Entity Name
A & M ADVENTURE CORPORATION

Principal Place of Business Mailing Address
90 PARK AVENUE SUITE 1710 NEW YORK NY 10016
90 PARK AVENUE SUITE 1710 NEW YORK NY 10016



2. Principal Place of Business - No P.O. Box #
90 PARK AVENUE
 Suite, Apt. #, etc.
SUITE 1710

3. Mailing Address
90 PARK AVENUE
 Suite, Apt. #, etc.
SUITE 1710

1st MOORE CR2E034 (10/06)

City & State
NEW YORK, NY 10016

City & State
NEW YORK, NY 10016

Zip
10016 Country
USA

Zip
10016 Country
USA

4. FEI Number
71-0988071

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
CORPORATION SERVICE
 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
 City
TALLAHASSEE FL Zip
32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	CHRM RATHEY, ANGELO GEBIRGSGASSE 23-Q-1230 WIEN AUSTRIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P RATHEY, ANGELO GEBIRGSGASSE 23-Q-1230 WIEN AUSTRIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S KOVAC, ELISABETH M 90 PARK AVENUE, SUITE 1710 NEW YORK NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	CHAIRMAN ANGELO RATHEY GEBIRGSGASSE 29 WIEN, A - 1230, AUSTRIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT ANGELO RATHEY GEBIRGSGASSE 29 WIEN, A - 1230, AUSTRIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY ELISABETH KOVAC 90 PARK AVENUE, SUITE 1710 NEW YORK, NY 10016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of justice 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 or empowered.

SIGNATURE: *Elisabeth Kovac*

1/22/2007 (212)922-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #