

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000088131

1. Entity Name
AMSPROP USA HOLDING, INC.



Principal Place of Business
2070 NORTH OCEAN BLVD. #3
BOCA RATON, FL 33429

Mailing Address
2070 NORTH OCEAN BLVD. #3
BOCA RATON, FL 33429



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0551213

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVIN, ZVI
2070 NORTH OCEAN BLVD. #3
BOCA RATON, FL 33429

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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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUGAR, SIR A
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	D
NAME	SUGAR, DANIEL
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	D
NAME	BARON, LOUISE
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	D
NAME	SANDY, COLIN MR.
STREET ADDRESS	POST OFFICE BOX 4110
CITY-ST-ZIP	BOCA RATON, FL 33429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80064-003 150.00

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IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zvi Levin

4-19-05

Date

(561) 391-9233

Daytime Phone #