


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P02000088131	
1. Entity Name AMSPROP USA HOLDING, INC.	

Principal Place of Business 2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431	Mailing Address 2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0551213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, ZVI
2070 NORTH OCEAN BLVD. #3
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SUGAR, SIR A POST OFFICE BOX 4110 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGAR, DANIEL POST OFFICE BOX 4110 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON, LOUISE POST OFFICE BOX 4110 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY, COLIN MR. POST OFFICE BOX 4110 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/13/07-80013-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: ZVI LEVIN **2-28-07** **561-391-9238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #