

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132654

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: AMBER INTERNATIONAL TRADING, CORP.

**Current Principal Place of Business:**

1160 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

1140 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

20533 BISCAYNE BLVD.  
4-455  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 22-3891670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH SHOMAR  
7777 NW 146 STREET  
MIAMI LAKES, FL 33016      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALSKY, SALOMON  
Address: 20281 E COUNTRY BL DRIVE APT 2107  
City-St-Zip: AVENTURA, FL 33180

Title: VD ( ) Delete  
Name: MOSCOVICI, RAMY  
Address: CARR. PANAMERICANA KM 21, EDF CONFORT  
City-St-Zip: LOS TEQUES,, DF CARACAS VE

Title: SC ( ) Delete  
Name: GALSKY, ELIZABETH  
Address: AV SAN FELIPE, QTA SALIGAL ENTRE 3RA Y 4TA  
City-St-Zip: LA CATELLANA, CARACAS, DF CARACAS VE

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SC ( ) Change (X) Addition  
Name: GALSKY, SHARON  
Address: 20533 BISCAYNE BLVD # 4-455  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON GALSKY

OFFI

04/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date