

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132654

FILED
Mar 23, 2009
Secretary of State

Entity Name: AMBER INTERNATIONAL TRADING, CORP.

Current Principal Place of Business:

1150E E HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALSKY, SALOMON
Address: CARR. PANAMERICANA KM 21, EDF CONFORT
City-St-Zip: LOS TEQUES,, DF CARACAS VE

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

Title: SC (X) Change () Addition
Name: GALSKY, ELIZABETH
Address: 20533 BISCAYNE BLVD # 4-178
City-St-Zip: AVENTURA, FL 33180 US

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

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

SC

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date