

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F54269

Entity Name: AMIT - POMPAÑO, INC.

**FILED**  
**Jul 19, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

234 EGLINTON AVE., EAST  
#618  
TORONTO ONTARIO, CANADA, XX M4P1K5

**New Principal Place of Business:**

**Current Mailing Address:**

234 EGLINTON AVE., EAST  
#618  
TORONTO ONTARIO, CANADA, XX M4P1K5

**New Mailing Address:**

FEI Number: 98-0056569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEIN, SHAMIRA  
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.  
100 SOUTHEAST 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: KLEIN, HAIM  
Address: 234 EGLINTON AVE., EAST, SUITE 618  
City-St-Zip: TORONTO ONTARIO CANADA, XX M4P 1K5

Title: VP ( ) Delete  
Name: KLEIN, SHAMIRA  
Address: 5835 N. BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

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: S ( ) Change (X) Addition  
Name: SEGAL, AMY  
Address: 5481 NORTH BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAMIRA KLEIN

VP

07/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date