

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000077728

FILED
Jun 13, 2008
Secretary of State**Entity Name:** AMBRIT-USA INC**Current Principal Place of Business:**16490 NW 14 ST
PEMBROKE PINES, FL 33028**New Principal Place of Business:**6551 STONEHURST CIRCLE
LAKE WORTH, FL 33467 US**Current Mailing Address:**16490 N W 14TH STREET
PEMBROKE PINES, FL 33028**New Mailing Address:**6551 STONEHURST CIRCLE
LAKE WORTH, FL 33467 US**FEI Number:** 65-1136182**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GARRETT, MALCOLM
16490 N W 14TH STREET
PEMBROKE PINES, FL 33028 US**Name and Address of New Registered Agent:**AMANDA, IABONI
6551 STONEHURST CIRCLE
LAKE WORTH, FL 33467 US

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: AMANDA IABONI

06/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GARRETT, MALCOLM MR
Address: 16490 NW 14 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: P () Delete
Name: GARRETT, MALCOLM MR
Address: 16490 NW 14 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: GARRETT, MALCOLM MR
Address: 16490 NW 14 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S () Delete
Name: GARRETT, MALCOLM MR
Address: 16490 NW 14 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BETH, GARCIA MRS
Address: 295 PARKSIDE DRIVE
City-St-Zip: SUFFERN, NY 10901 US

Title: P (X) Change () Addition
Name: BETH, GARCIA MRS
Address: 295 PARKSIDE DRIVE
City-St-Zip: SUFFERN, NY 10901 US

Title: VP (X) Change () Addition
Name: LAURENCE, COHEN MR
Address: 211 E. 43RD STREET, SUITE 401
City-St-Zip: NEW YORK, NY 10017 US

Title: S (X) Change () Addition
Name: AMANDA, IABONI MRS
Address: 6551 STONEHURST CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 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: AMANDA IABONI

S

06/13/2008

Electronic Signature of Signing Officer or Director

Date