2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54269

FILED Sep 22, 2009 Secretary of State

Entity Nar	ne: AMIT-PO	DMPANO, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
234 EGLINTON AVE., EAST #618							
	ONTARIO, C	ANADA, XX M4P1K5					
Current Mailing Address:				New Mailing Address:			
234 EGLINTON AVE., EAST #618							
TORONTO ONTARIO, CANADA, XX M4P1K5							
FEI Number: 98-0056569 FEI Number Applied For ()			FEI Num	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	IAN RENNER [*] HEAST 2ND S	T VOGEL & MANDLER, P.A. STREET, SUITE 2900					
	named entity see of Florida.	submits this statement for the	purpose of	f changing it	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	not receive tl	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KLEIN, HAIM 234 EGLINTON	Delete AVE., EAST, SUITE 618 'ARIO CANADA, XX M4P 1K5		Title: Name: Address: City-St-Zip:	KLEIN, HAIM 234 EGLINTO	(X) Change()Addition I ON AVE., EAST, SUITE 618 NTARIO CANADA, XX M4P 1K5	
Title: Name: Address: City-St-Zip:	VP () KLEIN, SHAMIF 5835 N. BAY R MIAMI BEACH,	OAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SEGAL, AMY 5481 NORTH B MIAMI BEACH,			Title: Name: Address: City-St-Zip:	VPS SEGAL, AMY 5481 NORTH MIAMI BEAC	BAY ROAD	

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: AMY SEGAL VΡ 09/22/2009