


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 572434	
1. Entity Name AMIT, INC.	

Principal Place of Business 234 EGLINTON AVENUE EAST, SUITE 606 TORONTO ONTARIO M4P1K5 CANADA, XX	Mailing Address 234 EGLINTON AVENUE EAST, SUITE 606 TORONTO ONTARIO M4P1K5 CANADA, XX
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1822647	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KLEIN, SHAMIRA
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.
100 S.E. 2ND ST. STE. 2900
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KLEIN, HAIM 234 EGLINTON AVE., EAST, SUITE 418 TORONTO, ONTARIO, CN m4p 1k5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEIN, SHAMIRA 5835 N BAY RD MIAMI BEACH, FL 33140
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04/27/05-80145-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shamira Klein President 4-28-05 305-577-417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #