

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F54269

1. Entity Name
AMIT - POMPAÑO, INC.



Principal Place of Business
**234 EGLINTON AVE., EAST #418
TORONTO ONTARIO M4P1K5
CANADA, XX**

Mailing Address
**234 EGLINTON AVE., EAST #418
TORONTO ONTARIO M4P1K5
CANADA, XX**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0056569

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. 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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	DPS
NAME	KLEIN, HAIM
STREET ADDRESS	234 EGLINTON AVE., EAST, SUITE 418
CITY-ST-ZIP	TORONTO, ON m4p 1k5
TITLE	VP
NAME	KLEIN, SHAMIRA
STREET ADDRESS	5835 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/27/05-80145-014 150.00

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 Vice President

Date

Daytime Phone #

4-26-05 305-577-4176