2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54269

Entity Name: AMIT - POMPANO, INC.

FILED Jul 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

234 EGLINTON AVE., EAST #418 234 EGLINTON AVE., EAST TORONTO ONTARIO M4P1K5 #618

CANADA, TORONTO ONTARIO, CANADA, XX M4P1K5

Current Mailing Address: New Mailing Address:

234 EGLINTON AVE., EAST #418 TORONTO ONTARIO M4P1K5 234 EGLINTON AVE., EAST

#618

CANADA, TORONTO ONTARIO, CANADA, XX M4P1K5

FEI Number: 98-0056569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: (X) Change () Addition

Name: KLEIN, HAIM Name: KLEIN, HAIM

234 EGLINTON AVE., EAST, SUITE 418 234 EGLINTON AVE., EAST, SUITE 618 Address: Address: City-St-Zip: TORONTO, ON M4P 1K5 CN City-St-Zip: TORONTO ONTARIO CANADA, XX M4P 1K5

() Delete Title: VΡ Title: () Change () Addition

Name: KLEIN. SHAMIRA Name: 5835 N. BAY ROAD Address: Address: MIAMI BEACH, FL 33140 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: SHAMIRA KLEIN 07/18/2006