

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90389 039 ***150.00

DOCUMENT # F99000000705

1. Entity Name
AMTOPP CORPORATION



Principal Place of Business
**9 PEACH TREE HILL ROAD
LIVINGSTON, NJ 07039**

Mailing Address
**9 PEACH TREE HILL ROAD
LIVINGSTON, NJ 07039**

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3103903

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HSIEH, HOMER
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY - ST - ZIP	LIVINGSTON, NJ
TITLE	D
NAME	WANG, Y.C.
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY - ST - ZIP	LIVINGSTON, NJ 07039
TITLE	S
NAME	NIGHTINGALE, ALICE
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY - ST - ZIP	LIVINGSTON, NJ
TITLE	VT
NAME	WANG, ROBERT
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY - ST - ZIP	LIVINGSTON, NJ 07039
TITLE	D
NAME	WANG, SUSAN
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY - ST - ZIP	LIVINGSTON, NJ
TITLE	CD
NAME	YOUNG, JOHN
STREET ADDRESS	9 PEACH TREE HILL ROAD
CITY - ST - ZIP	LIVINGSTON, NJ

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

HOMER HSIEH

Date

973-994-8000

Daytime Phone #