

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003824

FILED
Jan 03, 2007
Secretary of State

Entity Name: AMATO INTERNATIONAL INCORPORATED

Current Principal Place of Business:

407 LINCOLN ROAD
12C
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

407 LINCOLN ROAD
12C
MIAMI, FL 33139

New Mailing Address:

FEI Number: 13-5542688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOUZARD, ANTHONY
407 LINCOLN ROAD, SUITE 12C
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOUZARD, CLAUDETTE
Address: 4 AVENUE DES SCARABEES
City-St-Zip: BRUSSELS, 1000 BELGIUM, B

Title: V () Delete
Name: TOUZARD, JEAN-LOUP
Address: 468 ROUTE DU GOLF
City-St-Zip: LUBUMBASHI, DEM. REP. OF CON, GO

Title: T () Delete
Name: TOUZARD, ANTHONY
Address: 407 LINCOLN ROAD #12C
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: DE MESA, JADY
Address: 25-02 CRESCENT ST
City-St-Zip: ASTORIA, NY 11102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: ANTHONY TOUZARD

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01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date