2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Form 158.75 FL Stat A.R.

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000054938

1. Entity Name

AMATE CORPORATION FOR STRESS MANAGEMENT

Principal Place of Business	Mailing Address
409 US HWY. 1, UNIT 210-C NORTH PALM BEACH FL 33408	409 US HWY. 1, UNIT 210-C NORTH PALM BEACH FL 33408

1st MOORE CR2E034 (10/04)

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc
Suite, Apt. #, etc

City & State
City & State

Zip Country
Zip Country

4. FEI Number 65-1028098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSHDI, ADLI
409 US HWY. 1, UNIT 210-C
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROUSHDI, ADLI	NAME	
STREET ADDRESS	409 US HWY. 1, UNIT 210-C	STREET ADDRESS	U00000553280
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	CITY-ST-ZIP	05/15/06--00044--015 ~~158.75~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Adli Roushdi / Adli Roushdi 4/27
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #