2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088131

Title:

Name:

Address:

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Entity Nam	ne: AMSPROF	PUSA HOLDING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431			2070 NORTH OCEAN BLVD APT 3 BOCA RATON, FL 33431		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 41 BOCA RAT	10 ON, FL 33429				
FEI Number:	05-0551213	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LEVIN, ZVI 2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431 US			APT 3	2070 NORTH OCEAN BLVD.	
The above in the State		ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				02/11/2009	
Electronic Signature of Registered Agen			ent	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SUGAR, SIR A POST OFFICE E BOCA RATON, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SUGAR, DANIEL POST OFFICE E BOCA RATON, F	OX 4110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BARON, LOUISE POST OFFICE E BOCA RATON, F	OX 4110	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUGAR DANIEL D 02/11/2009

() Delete

SANDY, COLÍN MR.

POST OFFICE BOX 4110

BOCA RATON, FL 33429

() Change () Addition