

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000103695

FILED  
Feb 27, 2012  
Secretary of State

Entity Name: AMT USA CORP.

**Current Principal Place of Business:**

6220 S. ORANGE BLOSSOM TRAIL  
SUITE 151  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

6220 S. ORANGE BLOSSOM TRAIL  
151  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number: 45-3984122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VICENTIN, CASSIO A  
6220 S. ORANGE BLOSSOM TRAIL  
151  
ORLANDO, FL 32809 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VICENTIN, CASSIO A  
Address: RUA FRANCISCO TELES 84  
City-St-Zip: JUNDIAI, SP 13202 BR

Title: DS  
Name: MATRAVOLGYI, GABRIEL  
Address: R BARAO DO TRIUNFO 73 CJ 82  
City-St-Zip: SAO PAULO, SP 04602 BR

Title: DT  
Name: MATRAVOLGYI, CARLA C  
Address: 9153 OAK FERN DR  
City-St-Zip: ORLANDO, FL 32832 US

I hereby 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 all other like empowered.

SIGNATURE: CARLA MATRAVOLGYI

DT

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date