

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000045264

Entity Name: AMTRACO INC.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3220 HOLIDAY SPRINGS BOULEVARD  
#309  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 93-8865  
MARGATE, FL 330938865 US

**New Mailing Address:**

PO BOX 93-8865  
#309  
MARGATE, FL 330938865 US

FEI Number: 65-0500073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAIMOWITZ, BRUCE A ESQUIRE  
620 NW 48TH AVENUE  
COCONUT CREEK, FL 33063 US

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

ZWILLICK, HAROLD  
3220 HOLIDAY SPRINGS BOULEVARD  
#309  
MARGATE, FL 33063 US

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: HAROLD ZWILLICK

03/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: ZWILLICK, HAROLD  
Address: PO BOX 93-8865 N/A  
City-St-Zip: MARGATE, FL 33063 US

Title: TREA  
Name: ZWILLICK, HAROLD  
Address: 3220 HOLIDAY SPRINGS BLVD.  
City-St-Zip: MARGATE, FL 33063 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: HAROLD ZWILLICK

MR

03/14/2011

Electronic Signature of Signing Officer or Director

Date