


FILED
Jan 19, 2005 08:00
Secretary of Stat

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000087549			
1. Entity Name THE AMITY INTERNATIONAL GROUP INC.			
Principal Place of Business 4770 BISCAYNE BLVD STE 910 MIAMI, FL 33137 US		Mailing Address 4770 BISCAYNE BLVD STE 910 MIAMI, FL 33137 US	
DO NOT WRITE IN THIS SPACE			
		01112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0703186	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
POOHURST, RICHARD 4770 BISCAYNE BLVD MIAMI, FL 33137		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	LEVI, TERESA		
STREET ADDRESS	155 E 52ND ST (10A)		
CITY - ST - ZIP	NEW YORK, NY 10022		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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: <u>TERESA LEVI</u> <u>Teresa Levi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			