

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90132 030 ***158.75

DOCUMENT # P97000090639					
1. Entity Name AME TRADE INTERNATIONAL, INC.					
Principal Place of Business 104 SW 180TH AVENUE PEMBROKE PINES, FL 33029			Mailing Address 104 SW 180TH AVENUE PEMBROKE PINES, FL 33029		
2. Principal Place of Business 16302 SW 9th STREET		3. Mailing Address 16302 9th STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		4. FEI Number 65-0794531	
Zip 33027		Country BROWARD		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DE SOUZA, AILTON 104 SW 180TH AVENUE PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name DE SOUZA AILTON Street Address (P.O. Box Number is Not Acceptable) 16302 SW 9th STREET City PEMBROKE PINES, FL Zip Code 33027		
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			DATE 04/10/06		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT DE SOUZA, AILTON 104 SW 180TH AVENUE PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D DE SOUZA AILTON 16302 SW 9th STREET PEMBROKE PINES, FL 3303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE DOUZA, AILTON 104 SW 180TH AVENUE PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			President 04/10/06 954-432-8078		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		