



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P98000043886 | |  |
| 1. Entity Name AMEK INTERNATIONAL TRADING CO. | | |

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|--|--|
| Principal Place of Business 4100 NORTH POWERLINE ROAD J 5 POMPANO BEACH, FL 33073 US | Mailing Address 4100 NORTH POWERLINE ROAD J 5 POMPANO BEACH, FL 33073 US |
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3512686 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MAMAN, MYRA
4100 NORTH POWERLINE ROAD
SUITE J 5
POMPANO BEACH, FL 33073**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MAMAN, ANDRE 4100 NORTH POWERLINE ROAD, STE., J 5 POMPANO BEACH, FL 33073 |
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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:  **ANDRE MAMAN** January 10, 2007 954-5902575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #