


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000004932	
1. Entity Name ASSOCIATED GLOBAL SYSTEMS, INC.	

Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042	Mailing Address 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1873046	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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FREEMAN, NORMAN 211 EAST 70TH STREET NEW YORK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCCI, JAMES 33 VAL RAY BLVD. CENTRAL ISLIP, NY 11722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OCCHICONE, MICHAEL 1326 KEARNEY AVENUE BRONX, NY 10465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASON, JAY 100 RED SCHOOLHOUSE ROAD CHESTNUT RIDGE, NY 10977
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80099-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Occhicone* 4/5/05

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