


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 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
---	---

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1873046	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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 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	
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	

**DO NOT WRITE
IN THIS SPACE**

000000565234
05/20/06-80117-024 150.00

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: *Michael Occhicone* *4/14/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #