

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000037

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: TG CAPITAL CORP.

## Current Principal Place of Business:

4000 ISLAND BLVD PH-2  
AVENTURA, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

404 PARK AVE SOUTH  
6TH FLOOR  
NEW YORK, NY 10016

## New Mailing Address:

FEI Number: 20-3983095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMAPNY  
1201 HAYS ST  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: HIRSCH, MARK S  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

Title: D ( ) Delete  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD PH-2  
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Delete  
Name: LIEB, JAMES M  
Address: 4 STAGE COACH RUN  
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: MGRD ( ) Delete  
Name: ROBERTSON, JOHNATHAN  
Address: 4000 ISLAND BLVD PH-2  
City-St-Zip: AVENTURA, FL 33160

Title: COMP ( ) Delete  
Name: DOMBROWSKI, EDWARD  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

Title: AS ( ) Delete  
Name: BARBARINO, CAROL  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. HIRSCH

P

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date