

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005813

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: MMG PREMIERE NECKWEAR GROUPE INC.

## Current Principal Place of Business:

1717 OLIVE STREET 5TH FLOOR  
ST. LOUIS, MO 63103

## New Principal Place of Business:

## Current Mailing Address:

1717 OLIVE STREET 5TH FLOOR  
ST. LOUIS, MO 63103

## New Mailing Address:

FEI Number: 43-0923891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE FASSON, DANIEL  
10825 NW 33RD STREET  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

DE FASSON, DANIEL  
2100 CORAL WAY, SUITE 505  
MIAMI, FL 33145 US

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:

03/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: RASKAS, JEROME  
Address: 7701 CLAYTON RD  
City-St-Zip: ST LOUIS, MO 63117

Title: D ( ) Delete  
Name: GERSTEIN, HARVEY  
Address: 11910 SAXTON RIDGE  
City-St-Zip: ST LOUIS, MO 63141

Title: D ( ) Delete  
Name: ABRAMS, LLOYD  
Address: 555 NORTH NEW BALLAS, SUITE 250  
City-St-Zip: ST LOUIS, MO 63141

Title: D ( ) Delete  
Name: RASKAS, JO ANN  
Address: 750 SOUTH HANLEY  
City-St-Zip: ST LOUIS, MO 63105

Title: P ( ) Delete  
Name: EISENBERG, DONALD  
Address: 1717 OLIVE STREET  
City-St-Zip: ST. LOUIS, MO 63103

Title: V ( ) Delete  
Name: CHOD, BARRY  
Address: 1717 OLIVE STREET  
City-St-Zip: ST. LOUIS, MO 63103

## 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: BARRY CHOD

V

03/19/2008

Electronic Signature of Signing Officer or Director

Date