

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002366

FILED
Feb 28, 2012
Secretary of State

Entity Name: ANCHOR GROUP MANAGEMENT INC.

Current Principal Place of Business:

68 S SERVICE RD SUITE 450
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

68 S SERVICE RD SUITE 450
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 06-1628915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
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

OFFICERS AND DIRECTORS:

Title: P
Name: ELHELBAWI, HOSSNI
Address: 68 S SERVICE RD SUITE 450
City-St-Zip: MELVILLE, NY 11747

Title: VST
Name: OSAN-ELHELBAWI, ANGELA
Address: 68 S SERVICE RD SUITE 450
City-St-Zip: MELVILLE, NY 11747

Title: VP
Name: RAGAB, MAHMOUD
Address: 68 S SERVICE RD SUITE 450
City-St-Zip: MELVILLE, NY 11747

Title: VP
Name: KING, ROBERT
Address: 68 S SERVICE RD SUITE 450
City-St-Zip: MELVILLE, NY 11747

Title: VP
Name: GOLDENBAUM, DOUGLAS
Address: 68 S SERVICE RD SUITE 450
City-St-Zip: MELVILLE, NY 11747

Title: D
Name: REITAN, SANDRA
Address: 68 S SERVICE RD SUITE 450
City-St-Zip: MELVILLE, NY 11747

I hereby 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 all other like empowered.

SIGNATURE: ANGELA OSAN-ELHELBAWI

VST

02/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date