2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065685

599 W HARTSDALE AVENUE

WHITE PLAINS, NY 10607

Address: City-St-Zip: FILED Apr 22, 2004 Secretary of State

Entity Name: E-MANAGEMENT GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 3350 NW BOCA RATON BLVD A26 BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** 2600 N. MILITARY TRAIL 3350 NW BOCA RATON BLVD SUITE 206 A26 BOCA RATON, FL 33431 BOCA RATON, FL 33431 FEI Number: 65-1022714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FORMAN, RANDY FORMAN, RANDY 2600 N. MILITARY TRAIL 3350 NW BOCA RATON BLVD SUITE 206 A26 BOCA RATON, FL 33431 BOCA RATON, FL 33431 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: 04/22/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FORMAN, RANDY Name: Name: 3350 NW BOCA RATON BLVD #A-26 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOEWENSTERN, ELLIOT Name: 3350 NW BOCA RATON BLVD #A-26 Address: Address: BOCA RATON, FL 33431 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition HYMOWITZ, MITCHELL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: MITCHELL HYMOWITZ PRES 04/22/2004