

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90057 044 ***150.00

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04022008 Chg-P CR2E034 (12/06)

DOCUMENT # P0000071570					
1. Entity Name THE ASSET MANAGEMENT GROUP OF BOCA RATON, INC.					
Principal Place of Business 2500 NORTH MILITARY TRAIL STE 310 BOCA RATON, FL 33431		Mailing Address 2500 NORTH MILITARY TRAIL SUITE 310 BOCA RATON, FL 33431			
2. Principal Place of Business - No P.O. Box # 2121 SOUTH OCEAN BLVD		3. Mailing Address 2121 SOUTH OCEAN BLVD			
Suite, Apt. #, etc. UNIT 804		Suite, Apt. #, etc. UNIT 804			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL			
Zip 33062		Country USA		4. FEI Number 65-1026448	
				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 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LONGO, KRISTIAN 2500 NORTH MILITARY TRAIL, STE 310 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LONGO, KRISTIAN 2121 SOUTH OCEAN BLVD, UNIT 804 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____			Date: 4/2/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 954-675-6400		