

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102828

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: AMERICA MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

5449 S SEMORAN BLVD., STE 229  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5449 S SEMORAN BLVD., STE 229  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 59-3753140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOW, CHING  
5738 S SEMORAN BLVD BLDG D  
ORLANDO, FL 32822

**Name and Address of New Registered Agent:**

CHOW, CHING  
5449 S. SEMORAN BLVD., STE. 220  
ORLANDO, FL 32822

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:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BELL, TAMARA  
Address: 3016 SARATOGA DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: PC ( ) Delete  
Name: HUANG, CHENG-HAO  
Address: 8843 LARWIN LANE  
City-St-Zip: ORLANDO, FL 32817

Title: VTD ( ) Delete  
Name: KUO, I-KU (JOEY)  
Address: 9074 LA LINDA AVE  
City-St-Zip: FOUNTAIN VALLEY, CA 92708

**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:

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.

SIGNATURE: TAMARA BELL

SD

04/28/2004

Electronic Signature of Signing Officer or Director

Date