2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005874

City-St-Zip:

Entity Name: AMN INVESTMENT AND CONSULTING GROUP INC.

FILED Aug 28, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	GHWAY 19 T RICHEY, FL	34652				
Current Ma	ailing Address	:	New Mailin	New Mailing Address:		
	GHWAY 19 T RICHEY, FL	34652				
FEI Number:	22-3951263	FEI Number Applied For ()	FEI Number Not Appli	cable () Cert	ificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New F	Registered Agent:	
SPIEGEL & 1840 SW 2 4TH FLOOI MIAMI, FL	R		DANIELLE, 4747 US HI NEW PORT		52 US	
The above in the State		ıbmits this statement for the pu	rpose of changing it	s registered office	or registered agent, or both,	
SIGNATUR	E: DANIELLE	N CITRON			08/28/2008	
	Electronic	Signature of Registered Ager	nt		Date	
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice) .		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSD () E CITRON, MICHAE 4747 US HIGHW NEW PORT RICH	AY 19	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	V () E LUCE, JAMES 4747 US HIGHW NEW PORT RICH		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	S () E LUCE, MICHELLI 4747 US HIGHW. NEW PORT RICH	AY 19	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name:	()	Delete	Title: Name: Address:	T () Chan CITRON, DANIELLE N 4747 US HIGHWAY 1		

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.

City-St-Zip: NEW PORT RICHEY, FL 34652

SIGNATURE: DANIELLE N CITRON	Т	08/28/2008
SIGNATURE: DANIELLE N CITRON	Т	08/28/2008