

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089813

Entity Name: AMERICA TELECOM GROUP, INC

FILED
Sep 21, 2009
Secretary of State

Current Principal Place of Business:

701 BRICKELL AVE
1550
MIAMI, FL 33131

New Principal Place of Business:

11251 NW 20TH STREET
109
MIAMI, FL 33172

Current Mailing Address:

701 BRICKELL AVE
1550
MIAMI, FL 33131

New Mailing Address:

11251 NW 20TH STREET
109
MIAMI, FL 33172

FEI Number: 26-3470696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN ACCOUNTING & TAX SERVICE, INC
7678 NW 186 STREET
MIAMI, FL 33015 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: ALVAREZ, MARIO
Address: 701 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: ALVAREZ, MARIO
Address: 429 LENOX AVENUE STE P307
City-St-Zip: MIAMI BEACH, FL 33139

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.

SIGNATURE: MARIO ALVAREZ

PDT

09/21/2009

Electronic Signature of Signing Officer or Director

_____ Date