

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90009 034 \*\*\*150.00

**DOCUMENT # P34650**

1. Entity Name  
**AFFIRMATIVE MANAGEMENT, INC.**



Principal Place of Business  
120 WOOSTER ST., SIXTH FLOOR  
NEW YORK, NY 10012

Mailing Address  
402 GATLIN AVENUE  
ORLANDO, FL 32806 US

**24078016**



2. Principal Place of Business  
**161 AVENUE OF THE AMERICANS**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07282004 Chg-P CR2E034 (10/03)

City & State  
**NEW YORK, NY**  
Zip  
**10013** Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**13-3177679**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUBELT, PAUL C.  
402 GATLIN AVENUE  
ORLANDO, FL 32806

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JUBELT, ANDREW D.	
STREET ADDRESS	120 WOOSTER ST SIXTH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUBELT, PAUL C.	
STREET ADDRESS	1327 WEATERWITCH COVE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HARVATIN, JOHN J.	
STREET ADDRESS	5 SLEEPY HOLLOW	
CITY-ST-ZIP	LAKE GROVE, NY 11755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>161 AVENUE OF THE AMERICANS</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10013</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Andrew Jubelt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/04**  
Date

**212-925-8600**  
Daytime Phone #