


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/ **FILED**
Mar 24, 2008 8:00 am
Secretary of State

02-26-2008 90005 006 ***150.00

DOCUMENT # P92000013546 1. Entity Name A & H MANAGEMENT INC.	
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Principal Place of Business C/O ALBERT S. GOLDBERG 3120 S. OCEAN BLVD., STE 2503 PALM BEACH, FL 33480	Mailing Address C/O ALBERT S. GOLDBERG 3120 S. OCEAN BLVD., STE 2503 PALM BEACH, FL 33480
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66004709



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3058301	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

**GOLDBERG, ALBERT S
3120 S. OCEAN BLVD., STE 2503
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 *[Signature]* **TREAS** 2/11/2008
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDBERG, ALBERT S 3120 S. OCEAN BLVD. #2-503 PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, HERBERT A 40 LAURA LANE HOLYOKE, MA 01040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **Treas** 3/19/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #