2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P93000014313

Entity Name: A.S.G./A.M.G. MANAGEMENT CORP.

Current Principal Place of Business:

10479 STONEBRIDGE BLVD
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

10479 STONEBRIDGE BLVD
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 59-3188997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTEIN, ARLYNE
10479 STONEBRIDGE BLVD
BOCA RATON, FL 33498 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOLDSTEIN, ARLYNE
Address: 10479 STONEBRIDGE BLVD
City-St-Zip: BOCA RATON, FL

Title: V ( ) Delete
Name: GOLDSTEIN, SHELDON S
Address: 10479 STONEBRIDGE BLVD
City-St-Zip: BOCA RATON, FL 33498

Title: T ( ) Delete
Name: GOLDSTEIN, JEFFREY
Address: 4 EXECUTIVE BLVD., SUITE 100
City-St-Zip: SUFFERN, NY 10901

Title: S ( ) Delete
Name: CICCONE, JEANETTE
Address: 4 EXECUTIVE BLVD., SUITE 100
City-St-Zip: SUFFERN, NY 10901

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEANETTE CICCONE S 04/29/2009

Electronic Signature of Signing Officer or Director Date