## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000035497

Title:

Name:

Address:

City-St-Zip:

STD

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MILLAN, BRANDON A

535 OCEAN AVENUE 10B

SANTA MONICA, CA 90402

FILED Apr 14, 2008 Secretary of State

Entity Name: AMERICAN CAPITAL MANAGEMENT, INC.							
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
TS4403	INS AVENUE						
MIAMI BEACH, FL 33140 US			New Moilir	New Mailing Address:			
Current Mailing Address:			New Mailli	New Maining Address.			
4779 COLLI TS4403	INS AVENUE						
MIAMI BEA	CH, FL 33140	US					
FEI Number:	65-0405319	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desi	red()	
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:			
4000 HOYV SUITE 265	LAWRENCE H VOOD BLVD SOUTH OD, FL 33021	LIC	4779 CÓLL TS4403	MARLIN, ROBERT 4779 COLLINS AVE TS4403 MIAMI BEACH, FL 33140 US			
	named entity su	bmits this statement for the purp		•		t, or both,	
SIGNATURE: ROBERT MARLIN				04/14/2008			
	Electronic	Signature of Registered Agent			Date		
Election Cam	paign Financing T	rust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () D MARLIN, ROBYN 4779 COLLINS AV MIAMI BEACH, FL	/ENUE, TS4403	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () D MARLIN, ROBERT 4779 COLLINS AV MIAMI BEACH, FL	Г /ENUE, TS4403	Title: Name: Address: City-St-Zip:	VPD (X) MARLIN, ROBER 4779 COLLINS A MIAMI BEACH, F	VENUE, TS4403		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT MARLIN VΡ 04/14/2008

() Change () Addition