

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000035497

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: AMERICAN CAPITAL MANAGEMENT, INC.

**Current Principal Place of Business:**

4779 COLLINS AVENUE  
TS4403  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

4779 COLLINS AVENUE  
TS4403  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 65-0405319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARLIN, ROBERT  
4779 COLLINS AVE  
TS4403  
MIAMI BEACH, FL 33140 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: PD ( ) Delete  
Name: MARLIN, ROBYN  
Address: 4779 COLLINS AVENUE, TS4403  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VPD ( ) Delete  
Name: MARLIN, ROBERT  
Address: 4779 COLLINS AVENUE, TS4403  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: STD (X) Delete  
Name: MILLAN, BRANDON A  
Address: 535 OCEAN AVENUE 10B  
City-St-Zip: SANTA MONICA, CA 90402

**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:

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: ROBYN MARLIN

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date