## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000075988

Entity Name: APPAREL MANAGEMENT GROUP, INC.

FILED Jan 24, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

12237 N W 35TH STREET 12201 N W 35TH STREET CORAL SPRINGS, FL 33065 US

207

CORAL SPRINGS, FL 33065 US

**Current Mailing Address: New Mailing Address:** 

12201 N W 35TH STREET 12237 N W 35TH STREET CORAL SPRINGS, FL 33065 US

CORAL SPRINGS, FL 33065 US

FEI Number: 65-0561641 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BLACK, CLAIRE BLACK, CLAIRE 12237 N W 35TH STREET 12201 N W 35TH STREET

CORAL SPRINGS, FL 33065 US 207 CORAL SPRINGS, FL 33065 US

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: 01/24/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete BLACK, CLAIRE Name: 12237 N W 35TH STREET Address:

City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VΡ () Delete Name: BLACK, JASON

12237 N W 35TH STREET Address: CORAL SPRINGS, FL 33065 US City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

BLACK, CLAIRE Name:

12201 N W 35TH STREET #207 Address: City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VΡ (X) Change ( ) Addition

Name: BLACK, JASON

Address: 12201 N W 35TH STREET #207 CORAL SPRINGS, FL 33065 US 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.

Ρ SIGNATURE: CLAIRE BLACK 01/24/2008