### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

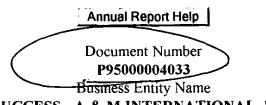
#### Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P95000004033 04-25-2007 90175 017 \*\*\*150.00 1. Entity Name SUCCESS - A & M INTERNATIONAL, INC. Principal Place of Business Mailing Address 114 S. MANOR AVENUE P. O. BOX 8372 STUART, FL 34994 PORT ST. LUCIE, FL 34985 US 2. Principat Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Cha-P CR2E034 (12/06) City & State Applied For City & State 4 FEI Number 65-0562683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORODENKER, GRISHA Street Address (P.O. Box Number is Not Acceptable) 114 S. MANOR AVENUE STUART, FL 33994 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GORODENKER, GRISHA NAME NAME STREET ADDRESS 114 S. MANOR AVENUE STREET ADDRESS CITY-ST-ZIP STUART, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 employered 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.

FILED



# ATTACHMENT 40080384 Division of Corporations

## **Annual Report**



SUCCESS - A & M INTERNATIONAL, INC.

FEI Number	650562683		
FEI Number Status	•	C Applied For	C Not Applicable
Certificate of Status Desired	C Yes No		· Not Applicable
Election Campaign Financing Trust Fu		36,73 Cacii	
Licetion Campaign I mancing Trust I t	and compagation ( 162 to 140		
Pı	rincipal Place of Busines	SS	
Address	114 S. MANOR AVENUE	<del></del>	
Suite, Apt. #, etc.			
City, State	STUART	, FL	
Zip Code & Coun	try 34994 US	,	
	,		
	Mailing Address		
Address	P. O. BOX 8372		
Suite, Apt. #, etc.			
City, State	PORT ST. LUCIE	, FL	
Zip Code & Coun	try <b>34985</b> US		
Name ai	nd Address of Registere	d Agent	
Name (Last, First, Middle, Title)	GORODENKER ,GRISH	Α ,	,
- OR -			-
Business to serve as RA			
Address (PO Box is not acceptal	ble) 114 S. MANOR AVENUE		-
Suite, Apt. #, etc.		<del></del>	-
City, State	STUART	, FL	
Zip Code & Country	<b>33994</b> US		

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

# ATTACHMENT

40080384

https://efile.sunbiz.org/scripts/ubr001.exe

# Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

#### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	(P
Name (Last, First, Middle, Title)	GORODENKER ,GRISHA , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	114 S. MANOR AVENUE
City, State	STUART , FL
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	, , ,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	
Title	

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

- OR -

Entity Name to serve as Officer/Director

Street Address City, State

Zip Code & Country

Title
Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset