


FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90025 026 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000004033			
1. Entity Name SUCCESS - A & M INTERNATIONAL, INC.			
Principal Place of Business 114 S. MANOR AVENUE STUART, FL 34994 US		Mailing Address P. O. BOX 8372 PORT ST. LUCIE, FL 34985 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 114 S. Manor Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State STUART FL	
Zip	Country	Zip	Country
34994	US	34994	US
4. FEI Number 65-0562683		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GORODENKER, GRISHA 114 S. MANOR AVENUE STUART, FL 33994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORODENKER, GRISHA 114 S. MANOR AVENUE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: _____		Date: 04/19/08 Daytime Phone #: 561/632 6790	
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)			