# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2009**
**Secretary of State**

DOCUMENT# P96000040770

**Entity Name:** AMWEST GROUP, INC.

**Current Principal Place of Business:**

1862 IVORY CANE POINTE
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110310
NAPLES, FL 341080106

**New Mailing Address:**

**FEI Number: 65-0664956** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MID-CONTINENTAL SECURITIES CORP.
1862 IVORY CANE POINTE
NAPLES, FL 34119 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: D ( ) Delete
Name: POLLAND, MILTON
Address: 195 TENTH AVE
City-St-Zip: NEW YORK, NY 10011

Title: S ( ) Delete
Name: PALMIERI, JENNY
Address: 3316 BURKS LANE
City-St-Zip: AUSTIN, TX 78732

Title: EVP ( ) Delete
Name: POPE, DOMINICK
Address: 195 TENTH AVENUE
City-St-Zip: NEW YORK, NY 10011

Title: D ( ) Delete
Name: PIOPPI, FRANK
Address: 4 CLIFF AVENUE
City-St-Zip: WINTHROP, MA 02152

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: HERBST, ANNA
Address: 87-10 CLOVER PLACE
City-St-Zip: HOLLISWOOD, NY 11423

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: DOMINICK POPE EVP 01/06/2009

Electronic Signature of Signing Officer or Director Date