


04-24-2003 90278 045 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000000314

1. Entity Name
ACQUISITION GROUP MANAGEMENT, INC.



Principal Place of Business 400 S. DIXIE HWY SUITE #6 HALLANDALE, FL 33009	Mailing Address 400 S. DIXIE HWY SUITE #6 HALLANDALE, FL 33009
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11013903



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <i>1500 Bay RD</i>	3. Mailing Address <i>1500 Bay RD</i>
Suite, Apt. #, etc. <i>Suite 1214</i>	Suite, Apt. #, etc. <i>Suite 1214</i>
City & State <i>Miami Beach, FL</i>	City & State <i>Miami Beach, FL</i>
Zip <i>33139</i>	Country <i>USA</i>

4. FEI Number 65-0805366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL GROUP, LLC
 400 S. DIXIE HWY
 HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name *Capital Group, LLC*

Street Address (P.O. Box Number is Not Acceptable)
1500 Bay RD Suite 1214

City *Miami Beach* FL Zip Code *33139*

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 *Emanuel Benjamin* **Emanuel Benjamin, Member 4/10/03**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BENJAMIN, EMANUEL 400 S. DIXIE HWY HALLANDALE, FL 33009	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Benjamin, Emanuel 1500 Bay RD #1214 Miami Beach, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: *Emanuel Benjamin* **Emanuel Benjamin 4/10/03 305-525-3542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (10/02)