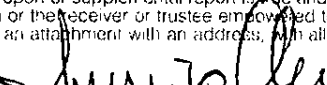


2008 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000048678 1. Entity Name FINAMERICA INC																													
Principal Place of Business 665 HIGH POINT DRIVE, #D DELRAY BEACH FL 33445 US			Mailing Address 665 HIGH POINT DRIVE, #D DELRAY BEACH FL 33445 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			City & State Zip Country																										
4. FEI Number 02-0774653				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CLERICI, AMERIGO 665 HIGH POINT DRIVE, #D DELRAY BEACH FL 33445			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 completing) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PTD</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CLERICI, AMERIGO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>665 HIGH POINT DRIVE, #D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH FL 33445</td> <td></td> </tr> </table>			TITLE	PTD	☐ Delete	NAME	CLERICI, AMERIGO		STREET ADDRESS	665 HIGH POINT DRIVE, #D		CITY-ST-ZIP	DELRAY BEACH FL 33445		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">U00000801475</td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/01/08-80020-005 150.00</td> <td></td> </tr> </table>			TITLE	U00000801475	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP	02/01/08-80020-005 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other duly empowered

SIGNATURE:  **AMERIGO CLERICI** 01/22/08 (786) 991-4550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing