


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000018366
1. Entity Name
DAYTONA AMERICANO MANAGEMENT, INC.



Principal Place of Business 1260 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	Mailing Address 1260 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3499319	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CFRA LLC
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD., STE. 500
TAMPA, FL 33602

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADORSKY, MARSHA G 2665 S. BAYSHORE DR. SUITE 603 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, JAMES 5667 ISLAND PARK DRIVE MANOTICK ONTARIO K4M 1J3 CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGM DEJESUS, GEORGETTE 1260 N. ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04-80024-001 158.75

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

SIGNATURE: Georgette DeJesus *Annual Manager* ^{2/4/04} ₃₈₆₋₂₅₅₋₇₄₃₇
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #