

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018366

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: DAYTONA AMERICANO MANAGEMENT, INC.

**Current Principal Place of Business:**

1260 N. ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

1260 N. ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-3499319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CFRA LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 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: MADORSKY, MARSHA G  
Address: 2665 S. BAYSHORE DR. SUITE 603  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: CORRIGAN, JAMES  
Address: 5667 ISLAND PARK DRIVE  
City-St-Zip: MANOTICK ONTARIO K4M 1J3 CAN,

Title: CGM ( ) Delete  
Name: DEJESUS, GEORGETTE  
Address: 1260 N. ATLANTIC AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

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

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: GEORGETTE DEJESUS

CGM

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date