# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2005**
**Secretary of State**

DOCUMENT# 529087

**Entity Name:** CLOVERLEAF LANES, INC.

**Current Principal Place of Business:**

17601 N.W. 2ND AVE.
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

17601 N.W. 2ND AVE.
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number: 59-1726333** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPCO, INC.
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133 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: STD ( ) Delete
Name: ROMANIK, TOM
Address: 17601 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33169

Title: VD ( ) Delete
Name: ROMANIK, MICHAEL
Address: 17601 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: ROMANIK, NORMA
Address: 17601 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: ROMANIK, CHRISTOPHER
Address: 17601 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33169

Title: PD ( ) Delete
Name: ROMANIK, DOUGLAS
Address: 17601 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33169

**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:

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 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 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: DOUGLAS ROMANIK PD 01/04/2005

Electronic Signature of Signing Officer or Director — Date