


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90028 011 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # G84864 1. Entity Name AMERICANA EAST INVESTMENTS, INC. | | | |  | |
| Principal Place of Business 325 S GULFVIEW BLVD CLEARWATER BEACH, FL 33767 | | | Mailing Address 325 S GULFVIEW BLVD CLEARWATER BEACH, FL 33767 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2375245 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent OROSZ, EDITH 325 S. GULFVIEW BLVD. CLEARWATER, FL 34630 | | | 7. Name and Address of New Registered Agent Name OROSZ, EDITH Street Address (P.O. Box Number is Not Acceptable) 325 S. GULFVIEW BLVD. City CLEARWATER BEACH FL Zip Code 33767 | | |
| 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 <u>Edith Orosz</u> DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOLDOG, CLARA 325 S. GULFVIEW BLVD CLEARWATER BEACH, FL 33767 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOLDOG, DOROTHY 325 S GULFVIEW BLVD CLEARWATER BEACH, FL 33767 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Clara Boldog</u> Date | | | | | |

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