

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90026 024 ***158.75

DOCUMENT # P01000108840

1. Entity Name
AMERICANO REALTY CORP.



Principal Place of Business
**7330 WEST 20TH AVE.
HIALEAH, FL 33016-1835**

Mailing Address
**7330 WEST 20TH AVE.
HIALEAH, FL 33016-1835**

24001127



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1152038

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RINEHART, WAYNE
7330 WEST 20TH AVE.
HIALEAH, FL 33016-1835**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PTD RINEHART, WAYNE 7330 WEST 20TH AVE. HIALEAH, FL 330161835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COSTA, REINALDO 7330 WEST 20TH AVE. HIALEAH, FL 330161835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/04 305-558-4090