

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

24001127

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1152038	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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

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

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04

305-578-4090

Date

Daytime Phone #