

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000069133

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE AMERICANA GALLERY, INC.

**Current Principal Place of Business:**

77 BRIDGE ST  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

58 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 59-3762855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZ, B PAUL  
1 FLORIDA PARK DR S  
ATRIUM SUITE  
PALM COAST, FL 32137 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ROUX, MICHEL  
Address: 58 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: ROUX, MAXIMILIEN  
Address: 58 ISLAND ESTATES PKWY  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: MICHEL ROUX

PSTD

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date