

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110681

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** EASTERN U.S.A. REALTY INC.

**Current Principal Place of Business:**

1849 S.E. PT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

1859 S.E. PT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

575 SW HALIFAX AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 11-3668489      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NAPOLEON, ELIMA  
575 S.W. HALIFAX AVE  
PORT ST. LUCIE, FL 34953      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: P      ( ) Delete  
Name: NAPOLEON, ELIMA  
Address: 490 SE THANKSGIVING AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: V      ( ) Delete  
Name: ALTIDOR, MARJORIE  
Address: 4784 W COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33319

Title: ST      ( ) Delete  
Name: ODETTE, NAPOLEON  
Address: 575 HALIFAX AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: NAPOLEON, ELIMA  
Address: 575 SW HALIFAX AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V      (X) Change ( ) Addition  
Name: ALTIDOR, MARJORIE  
Address: 5475 NE ST JAMES DR #153  
City-St-Zip: PORT ST LUCIE, FL 34983

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 Chapter 119, 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: ELIMA NAPOLEON

P

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date