


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000123499	
1. Entity Name AMINCO REALTY, INC.	

Principal Place of Business 1524 SE SUNSHINE AVENUE PORT SAINT LUCIE, FL 34952	Mailing Address 1524 SE SUNSHINE AVENUE PORT SAINT LUCIE, FL 34952
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03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0581225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANTONAKOS, NATALIA
1524 SE SUNSHINE AVENUE
PORT SAINT LUCIE, FL 34952**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

U000000099982

03/31/04 08:00:37 010 150.00

10. OFFICERS AND DIRECTORS

TITLE D	ANTONAKOS, NATALIA 1524 SE SUNSHINE AVENUE PORT SAINT LUCIE, FL 34952
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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:

Natalia Antonakos / NATALIA ANTONAKOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04

Date

Daytime Phone #