

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV 14 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10302007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P03000158311</b> 1. Entity Name <b>AMERICANO II REALTY CORP.</b>			
Principal Place of Business 14160 NW 77 CT PH-32 MIAMI LAKES, FL 33016		Mailing Address 14160 NW 77 CT PH-32 MIAMI LAKES, FL 33016	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>20-0554426</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RINEHART, WAYNE 14160 NW 77 CT, PH-32 MIAMI LAKES, FL 33016		Name <b>JAMES N. BRADFORD, JR.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>14160 NW 77 CT PH-32</b>	
		City <b>Miami Lakes</b> FL Zip Code <b>33016</b>	
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: <i>[Signature]</i>		DATE: <b>10-30-07</b>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: RINEHART, WAYNE <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1460 NW 77CT, PH 32 CITY-ST-ZIP: MIAMI LAKES, FL 33016	TITLE: <b>JAMES N. BRADFORD, JR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>14160 NW 77 Ct. PH-32</b> PD STREET ADDRESS: <b>MIAMI LAKES, FL 33016</b> CITY-ST-ZIP:		
TITLE: VSD NAME: COSTA, REINALDO <input checked="" type="checkbox"/> Delete STREET ADDRESS: 14160 NW 77CT, PH 32 CITY-ST-ZIP: MIAMI LAKES, FL 33016	TITLE: <b>ROBERT K. CHANEY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>14160 NW 77 Ct. PH-32</b> STD STREET ADDRESS: <b>MIAMI LAKES, FL 33016</b> CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>900112335009</b> STREET ADDRESS: <b>11/15/07--01030--003 **61.25</b> CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		DATE: <b>10-30-07</b> 305)825-6292	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

11/19/07