
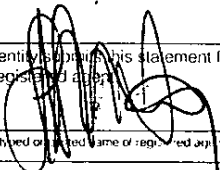
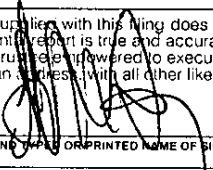


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 028 ***158.75

DOCUMENT # P05000155079 1. Entity Name AMERICANA INTERIOR TRIM, INC					
Principal Place of Business 5448 FITNESS CIRCLE, APT. 203 ORLANDO, FL 32839			Mailing Address 5448 FITNESS CIRCLE, APT. 203 ORLANDO, FL 32839		
2. Principal Place of Business Orlando 5448 Fitness Circle Suite, Apt. #, etc. 202		3. Mailing Address 5448 Fitness Circle Suite, Apt. #, etc.			
City & State Orlando		City & State Orlando		4. FEI Number 203833863	
Zip 32839		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVEIRA, EDER DE 5448 FITNESS CIRCLE, APT. 203 ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity certifies 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: <input checked="" type="checkbox"/>  (NOTE: Registered Agent signature required when reappointing) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DE OLIVEIRA, EDER 5448 FITNESS CIRCLE, APT. 203 ORLANDO, FL 32839 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE OLIVEIRA, EDER 5448 FITNESS CIRCLE 202 ORLANDO-FL-32839	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input type="checkbox"/> Delete NIZ, CLARA B 5448 FITNESS CIRCLE, APT. 203 ORLANDO, FL 32839		TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NIZ, CLARA B 5448 FITNESS CIRCLE 202 ORLANDO-FL-32839	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X 					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		