

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000048678

1. Entity Name

FINAMERICA INC



Principal Place of Business

1000 PARK VIEW DRIVE #218
HALLANDALE FL 33009

Mailing Address

1000 PARK VIEW DRIVE #218
HALLANDALE FL 33009

2. Principal Place of Business - No P.O. Box #

665 HIGH POINT DR.

3. Mailing Address

665 HIGH POINT DR.

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

D

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FLORIDA

Zip

33445

Country

Zip

33445

Country

4. FEI Number

02-0774653

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLERICI, AMERIGO
1000 PARK VIEW DRIVE #218
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name CLERICI, AMERIGO

Street Address (P.O. Box Number is Not Acceptable)

665 HIGH POINT DR # D

City

DELRAY BEACH

FL

Zip Code

33445

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

100087709751

02/08/07--01005--009 **150.00

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees
CASH

10. OFFICERS AND DIRECTORS

TITLE D
NAME CLERICI, AMERIGO
STREET ADDRESS 1000 PARK VIEW DRIVE #218
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D
NAME CLERICI, GABRIELE
STREET ADDRESS 1717 NORTH BAY SHORE DR #2353
CITY-ST-ZIP MIAMI FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/D
NAME CLERICI, AMERIGO
STREET ADDRESS 665 HIGH POINT DR # D
CITY-ST-ZIP DELRAY BEACH, FLORIDA 33445

TITLE V/S/D
NAME CLERICI, GABRIELE
STREET ADDRESS 1717 NORTH BAYSHORE DR #3052
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMERIGO CLERICI 01/26/07 (954) 600-0855

Date

Daytime Phone #

FILED

07 FEB -5 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/06)