## 2007 FOR PROFIT CORPORATION

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000138776** 04-30-2007 90384 025 \*\*\*150.00 1. Entity Name AMERICO REALTY & INVESTMENT INC. 40087210 Principal Place of Business Mailing Address 580 VILLAGE BLVD **580 VILLAGE BLVD SUITE 325** SUITE 325 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Numbe Applied For <u>20-</u>5822134 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LACONTE, RYAN M Street Address (P.O. Box Number is Not Acceptable) 580 VILLAGE BLVD. **SUITE 325** WEST PALM BEACH, FL 33409 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Change ☐ Addition TITLE NAME ZURAK-RENNY, GUS NAME 201 S NARCISSUS AVE - # 1001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP HILE Delete TITLE Change Addition LACONTE, RYAN M NAME NAME STREET ADDRESS 1318 FLORIDA AVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP DIR TITLE ☐ Defete TITLE ☐ Change Addition WALZER, MARK B NAME NAME STREET ADDRESS 9208 NW 73RD ST STREET ADDRESS CITY-S1-ZIP TAMARAC, FL 33321 CHY-SI-ZIP TITLE DIR ☐ Delete TITLE ☐ Change Addition GOWDY-BENT, PAULINE M NAME NAME STREET ADDRESS 3588 NW 35TH ST STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 earth, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**