

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 035 \*\*\*150.00

**DOCUMENT # P93000031295**

1. Entity Name  
ALOMA BOWLING CENTER EAST, INC.



Principal Place of Business  
10749 E. COLONIAL DR  
ORLANDO, FL 32817 US

Mailing Address  
10749 E. COLONIAL DR  
ORLANDO, FL 32817 US

**50051778**



**DO NOT WRITE IN THIS SPACE**

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3189236

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KOEHLER, RAYMOND  
2530 ALOMA AVE.  
WINTER PARK, FL 32792

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LUCCISANO, DOROTHY
STREET ADDRESS	440 BROADWAY 4-E
CITY-ST-ZIP	LONG BEACH, NY
TITLE	SD
NAME	LUCCISANO, VINCENT
STREET ADDRESS	156-40 89TH STREET
CITY-ST-ZIP	HOWARD BEACH, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: VINCENT LUCCISANO 4/22/05 7186418400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #