

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031295

FILED
Jul 09, 2007
Secretary of State

Entity Name: ALOMA BOWLING CENTER EAST, INC.

Current Principal Place of Business:

10749 E. COLONIAL DR
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

10749 E. COLONIAL DR
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-3189236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUCCISANO, DOROTHY
Address: 440 BROADWAY 4-E
City-St-Zip: LONG BEACH, NY 11561

Title: SD () Delete
Name: LUCCISANO, VINCENT
Address: 156-40 89TH STREET
City-St-Zip: HOWARD BEACH, NY 11414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT LUCCISANO

SD

07/09/2007

Electronic Signature of Signing Officer or Director

Date