


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
Jul 07, 2004 08:00 AM  
Secretary of State

**DOCUMENT # 684656**  
1. Entity Name  
MAIN REALTY, INC.



Principal Place of Business  
MAIN REALTY, INC.  
PO BOX 650867  
MIAMI, FL 33265-0867 US

Mailing Address  
MAIN REALTY, INC.  
PO BOX 650867  
MIAMI, FL 33265-0867 US



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1437740 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PALACO, JORGE  
10300 SUNSET DR #400  
MIAMI, FL 33173

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMENT, ROBERTO 2447 SW 115TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORMENT, MARIA M. 2447 SW 115TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/04-80018-015 158.75

**DO NOT WRITE 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)(f), 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: ROBERTO M. FORMENT 7/1/04 (305) 221-3197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #