

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000086459

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** MAIN POST, INC.

**Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD, STE 163  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1835 E HALLANDALE BEACH BLVD, STE 163  
HALLANDALE, FL 33009 US

**New Mailing Address:**

**FEI Number:** 65-0868803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARCIA, CARLOS C.P.A.  
4995 NW 72 AVE STE 206  
MIAMI, FL 33166 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

**OFFICERS AND DIRECTORS:**

**Title:** PTSD  
**Name:** SVETLIZA, PATRICIA  
**Address:** 1835 E HALLANDALE BEACH BLVD, STE 163  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** VP  
**Name:** MAININI, IGNACIO  
**Address:** 1835 E HALLANDALE BEACH BLVD, STE 163  
**City-St-Zip:** HALLANDALE, FL 33009

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA SVETLIZA

PTSD

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date