

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000086459

Entity Name: MAIN POST, INC.**Current Principal Place of Business:**1835 E HALLANDALE BEACH BLVD, STE 163
HALLANDALE, FL 33009**Current Mailing Address:**1835 E HALLANDALE BEACH BLVD, STE 163
HALLANDALE, FL 33009 US**FEI Number:** 65-0868803**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GARCIA, CARLOS C.P.A.
4995 NW 72 AVE STE 206
MIAMI, FL 33166 US*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**Officer/Director Detail :**

Title	TREASURER
Name	SVETLIZA, PATRICIA
Address	1835 E HALLANDALE BEACH BLVD, STE 163
City-State-Zip:	HALLANDALE FL 33009

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

Title	SECRETARY
Name	SVETLIZA, SUSANA
Address	200 LESLIE DRIVE 425
City-State-Zip:	HALLANDALE FL 33009

Title	PRESIDENT
Name	MONTARCE, GONZALO
Address	200 LESLIE DRIVE 425
City-State-Zip:	HALLANDALE FL 33009

Title	CFO
Name	SVETLIZA, LAURA
Address	17011 N BAY RD 115
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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: IGNACIO MAININI

VP OPERATIONS

07/18/2017

Electronic Signature of Signing Officer/Director Detail_____
Date