

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # J23637

1. Entity Name
MAINSTREAM AMERICA, INC.



Principal Place of Business
**ONE PROGRESS PLAZA
SUITE 2200
ST PETERSBURG, FL 33701 US**

Mailing Address
**P.O. BOX 531
ST. PETERSBURG, FL 33731**



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2677046

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FERNANDEZ, ANTONIO
2000 BRIGHTWATERS BLVD., NE
ST. PETERSBURG, FL 33704**

**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 _____
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, 2006 Fee will be \$550.00**

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

**U00000543967
05/11/06-80016-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE PS
NAME FERNANDEZ, ANTONIO
STREET ADDRESS 2000 BRIGHTWATERS BLVD., NE
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE TD
NAME FERNANDEZ, ANTONIO
STREET ADDRESS 2000 BRIGHTWATERS BLVD., NE
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE V
NAME MEANA, JAVIER C
STREET ADDRESS 520 RAFAEL BLVD NE
CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 (727) 898-0015
Date Daytime Phone #