

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25665

Entity Name: MAIN SALES, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

15402 N. NEBRASKA AVE., #102
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

15402 N. NEBRASKA AVE., #102
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2709061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEMPKIN, STEVEN
11003 FOREST HILLS DR
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TEMPKIN, STEVEN
Address: 11003 FOREST HILLS DR
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: PAGLIARULO, ROCCO
Address: 15402 N. NEBRASKA AVE., #102
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PAGLIARULO, ROCCO
Address: 15402 N. NEBRASKA AVE., #102
City-St-Zip: LUTZ, FL 33549

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: ROCCO PAGLIARULO

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date