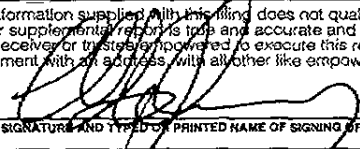


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # PD0000007723		
1. Entity Name MAINS'L FLORIDA, INC.		
Principal Place of Business 9900 SW 168 STREET SUITE #6 MIAMI, FL 33157-6817 US		Mailing Address 9900 SW 168 STREET SUITE #6 MIAMI, FL 33157-6817 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHASKETS, ROBERT I AKERMAN, SENTEERFITT 1SE 3RD AVE 28TH MIAMI, FL 33131		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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	WILLIAMS, TERESA C	
STREET ADDRESS	9900 SW 168 STREET, SUITE 6	
CITY- ST- ZIP	MIAMI, FL 33157	
TITLE	TP	
NAME	JAKWAY, CHARLES H	
STREET ADDRESS	9900 SW 168 STREET, SUITE 6	
CITY- ST- ZIP	MIAMI, FL 33157	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 reports 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: 		6/30/04 763-416-9234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0980876	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1100000165608
07/12/04-80020-023 550.00

**DO NOT WRITE
IN THIS SPACE**