

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90403 005 ***158.75

DOCUMENT # P02000083583

1. Entity Name
MAINSTREET WESTLAKE, INC.



Principal Place of Business
**ONE FINANCIAL PLAZA STE 2212
FT LAUDERDALE, FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA STE 2212
FT LAUDERDALE, FL 33394**

40088222



02082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
**2101 W. Commercial
Suite, Apt. #, etc.
1200**

3. Mailing Address
**2101 W. Commercial
Suite, Apt. #, etc.
1200**

City & State
**Fort Lauderdale FL
33309**

City & State
**Fort Lauderdale FL
33309**

4. FEI Number
06-1642640

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KILGALLON, PAUL J
ONE FINANCIAL PLAZA STE 2212
FT LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent

Name
2101 W. Commercial #1200
Street Address (P.O. Box Number Not Acceptable)
City **Fort Lauderdale** **FL** Zip **33309**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **D KILGALLON, PAUL J** ☐ Delete
STREET ADDRESS **ONE FINANCIAL PLAZA STE 2212**
CITY-ST-ZIP **FT LAUDERDALE, FL 33394**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **2101 W. Commercial** ☐ Change ☐ Addition
STREET ADDRESS **Suite 1200**
CITY-ST-ZIP **Fort Lauderdale FL, 33309**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

4/27/07

Date

954-717-9066

Daytime Phone #