

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90236 034 \*\*\*150.00

4/25



**DOCUMENT # P02000118070**

1. Entity Name

**MAIN ATTRACTION UTILITIES, INC.**

Principal Place of Business

**16290 N.W. 1ST STREET  
PEMBROKE PINES FL 33028**

Mailing Address

**16290 N.W. 1ST STREET  
PEMBROKE PINES FL 33028**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**14-1853078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BURTON, ANDRE S  
4310 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**PD  
NAME SCHLEMOVITZ, GLORIA  
STREET ADDRESS 18706 NW 24TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33029**

TITLE ☐ Delete

**VD  
NAME GIORDANO, MARYANN  
STREET ADDRESS 16290 N.W. 1ST STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33028**

TITLE ☐ Delete

**SD  
NAME SCJARRETTI, RONALD  
STREET ADDRESS 16290 N.W. 1ST STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33028**

TITLE ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE  
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CITY-ST-ZIP**

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CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**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)(i), 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

Date

Daytime Phone #

**X 5-18-04**