

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 16, 2008 8:00 am  
Secretary of State**

05-16-2008 90027 045 \*\*\*150.00

DOCUMENT # P02000118070

1. Entity Name  
MAIN ATTRACTION UTILITIES, INC.



Principal Place of Business

16290 N.W. 1ST STREET 16507 NW 24 ST.  
PEMBROKE PINES, FL 33028

Mailing Address

16290 N.W. 1ST STREET 16507 NW 24 ST.  
PEMBROKE PINES, FL 33028

**40103556**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1853078	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	VD
NAME	GIORDANO, MARYANN
STREET ADDRESS	16290 N.W. 1ST STREET 16507 NW 24 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028

TITLE	SD
NAME	SCIARRETTI, RONALD
STREET ADDRESS	16290 N.W. 1ST STREET 16507 NW 24 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4-28-08

954-275-2604

Date

Daytime Phone #