

**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)

DO NOT WRITE IN THIS SPACE

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

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	

**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 empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08

954-275-2604