


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90403 015 \*\*\*158.75

<b>DOCUMENT # P03000048396</b> 1. Entity Name <b>MAINSTREET CORRIDORS, INC.</b>					
Principal Place of Business <b>ONE FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394</b>			Mailing Address <b>ONE FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394</b>		
2. Principal Place of Business - No P.O. Box # <b>2101 W. Commercial Blvd</b>		3. Mailing Address <b>2101 W. Commercial Blvd.</b>			
Suite, Apt. #, etc. <b>1200</b>		Suite, Apt. #, etc. <b>1200</b>			
City & State <b>Fort Lauderdale FL</b>		City & State <b>Fort Lauderdale FL</b>			
Zip <b>33309</b>		Country		Zip <b>33309</b>	
Country		4. FEI Number <b>20-0010709</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KILGALLON, PAUL J ONE FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2101 W. Commercial Blvd.</b> <b>Suite 1200</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KILGALLON, PAUL J ONE FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2101 W. Commercial Blvd. Suite 1200 Fort Lauderdale FL 33309</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/07 954-717-9066 <small>Date Daytime Phone #</small>		