

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 MAR -2 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000086771

1. Entity Name
MAINSTREET TALAVI, INC.

Principal Place of Business
ONE FINANCIAL PLAZA
SITE 2212
FORT LAUDERDALE, FL 33394

Mailing Address
ONE FINANCIAL PLAZA
SITE 2212
FORT LAUDERDALE, FL 33394

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004 Chg-P CR2E034 (10/03)

4. FEI Number

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
SITE 2212
FORT LAUDERDALE, FL 33394

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

\$150.00 + \$8.75

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KILGALLON, PAUL J
STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 2212
CITY-ST-ZIP FORT LAUDERDALE, FL 33394

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

800029806808
03/03/04-01038-023 158.75

TITLE
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CITY-ST-ZIP

Delete

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

2/16/04 (954) 764-8380

Date

Daytime Phone #

Paul J. Kilgallon