

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90403 012 \*\*\*158.75

**DOCUMENT # P03000148462**

1. Entity Name  
**MAINSTREET DCC, INC.**



Principal Place of Business  
**ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394 US**

Mailing Address  
**ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394 US**

**40088215**



2. Principal Place of Business - No P.O. Box #  
**2101 W. Commercial Blvd**

3. Mailing Address  
**2101 W. Commercial Blvd**

Suite, Apt. #, etc.  
**1200**

Suite, Apt. #, etc.  
**1200**

02082007 Chg-P CR2E034 (12/06)

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale FL**

4. FEI Number  
**20-0467546**

Applied For  
Not Applicable

Zip  
**33309**

Country

Zip  
**33309**

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KILGALLON, PAUL J  
ONE FINANCIAL PLAZA, STE. 2212  
FT. LAUDERDALE, FL 33394**

**7. Name and Address of New Registered Agent**

Name

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

**2101 W. Commercial Blvd, Ste. 1200**

City

**Fort Lauderdale**

FL

Zip Code

**33309**

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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **KILGALLON, PAUL J**  
STREET ADDRESS **ONE FINANCIAL PLAZA, STE. 2212**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33394**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME **2101 W. Commercial Blvd.**  
STREET ADDRESS **Suite 1200**  
CITY-ST-ZIP **Fort Lauderdale FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/07**

Date

**954-717-9066**

Daytime Phone #