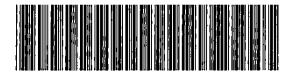
## \*\*P05000051275

· •
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-ii), -iiiio ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500079558705

09/11/06--01021--006 \*\*35.00



RA Chs.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MAIN STREET PMENICA, INC. (Name of Corporation)
DOCUMENT NUMBER: \$ 05 0000 5 12 75
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Louis B. Miscipscip  (Name of Contact Person)
(Name of Contact Person)
MAIN STREET AMERICA FINE (Firm/Company)
(Firm/Company)
6.0. Bxx 951826 (Address)
(Address)
LAKE MANY, FLONIOR 32795-1826 (City/State and Zip Code)
(Cfty/State and Zip Code)
For further information concerning this matter, please call:
LOUIS MISCIOSCIO at (40) 375-9235 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Mea Code & Daytine Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2006

LOUIS P. MISCIOSCIA MAIN STREET AMERICA, INC. PO BOX 951826 LAKE MARY, FL 32795-1826

SUBJECT: MAIN STREET AMERICA, INC.

Ref. Number: P05000051275

We have received your document for MAIN STREET AMERICA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

SEP 22 M 8:00

Letter Number: 606A00054962

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted	d for a corporat	2, 617.0502, 607. tion organized un c or registered ag	der the laws o	f the State of	FLONIAA
1. The name of t	the corporation:	MAIN	STREET	Bnen	10A -	For C 95-1826
2. The principal	office address:	8.0.	30× 9	51826	,	
1	<u>-</u>	LAKE P	nary, p	-LOLIAN	327	95-1826
3. The mailing a						
4. Date of incorp	ooration/qualific	ation:	6/2005 D	ocument num	ber: 80 =	50000 5/275
	l street address o tment of State:	of the current re	gistered agent an	d registered of	ffice on file w	vith the
	AIA	Con	Porpte	SERV	12.00	
	6901	OK	E E chob	EE B	LVD. CI	NITS
	WEST	gara	m beau	ch, Fl.	3341	/
(if changed):			tered agent (if ch			A S
	20415	J. 1	Tiscios  Shoe 13  Tacceptable)	CIA		A SS TI
	3346	Honse	ShoE 13	E~0 C	ount	SSE 22
	Long	(P.O. Box NOT W ∂∂ d ,	Tacceptable)  Conja	n 32	<i>779</i>	PH 3:
						s Egistered agent,
Such change was authorized by the	s authorized by e board, or the c	resolution duly corporation has	adopted by its been notified in	oard of direct writing of the	tors or by an e change.	officer so
				ouis 1	Missi	Scin gresion
(Signatui	re of an officer or dire	ctor)		(Printed or	typed name and t	itle)
hereby accept to further agree to serformance of the serformance of the serform to the sereby confirm to the sereby confirmation to t	the appointment of comply with the comply with the cond I state is been the corporal to the corporal c	as registered ne provisions o am familiar w zing filed mere tion has been i	agent and agree f all statutes rela ith and accept th ly to reflect a ch notified in writing	to act in this of tive to the pro- e obligation of ange in the re g of this chang	capacity. oper and com of my position gistered offic ge.	aplete i as registered e address, I
				9	17/01	Ó
(Sign	nature of Registered A	(gent)		··	(Date)	· · · · · · · · · · · · · · · · · · ·
f signing on beh	alf of an entity:					
Louis 0	1. Misci	13 C/0				
	ped or Printed Name)					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*