

FILED
Jun 08, 2007 8:00 am
Secretary of State

04-30-2007 90403 014 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000000889			
1. Entity Name MAINSTREET CRYSTAL/2101, INC.			
Principal Place of Business 1 FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394		Mailing Address 1 FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394	
2. Principal Place of Business - No P.O. Box # 2101 W. Commercial Suite, Apt. #, etc. 1200		3. Mailing Address 2101 W. Commercial Suite, Apt. #, etc. 1200	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33309		Zip 33309	
Country		Country	
4. FEI Number 20-4034885		Applied For Not Applicable	
5. Certificate of Status Desired X		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent KILGALLON, PAUL J 1 FINANCIAL PLAZA SUITE 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 Suite 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 of applicant (NOTE: Registered Agent signature required when so requesting)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILGALLON, PAUL J 1 FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2101 W. Commercial #1200 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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TITLE NAME STREET ADDRESS 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 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		Date 4/27/07 954-717-9066 Date Daytime Phone #	