


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90009 022 ***150.00

DOCUMENT # P93000040509

1. Entity Name
MAIN STREET PREMIUM FINANCE COMPANY



Principal Place of Business
**5201 RAVENSWOOD RD
 104
 FT LAUDERDALE, FL 33312 US**

Mailing Address
**PO BOX 220066
 HOLLYWOOD, FL 33022 US**

44007137



2. Principal Place of Business
3250 No. 29th Avenue

3. Mailing Address
PO Box 220066

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State
Hollywood FL.

City & State
Hlwd. FL.

Zip
33020

Country
US

Zip
33022

Country
US

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WYMAN, JASON A
 5201 RAVENSWOOD RD
 SUITE 107
 FT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
3250 NO. 29th Avenue

City
Hlwd.

State
FL

Zip Code
33020

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYMAN, JASON A 5201 RAVENSWOOD ROAD SUITE 107 FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHELDON, HARVEY A 5201 RAVENSWOOD ROAD SUITE 107 FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEMPHILL, JAMES A 5201 RAVENSWOOD ROAD SUITE 107 FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOYD, CHARLOTTE A 5201 RAVENSWOOD ROAD SUITE 107 FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 3250 NO. 29th Avenue Hollywood, FL. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 3250 NO. 29th Avenue Hollywood, FL. 33020
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **1/19/04** **954-920-6766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #