

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90211 042 ***158.75

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03142006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000014048			
1. Entity Name MAIN STREET MANAGEMENT SERVICES, INC.			
Principal Place of Business 18679 SE FEDERAL HWY. TEQUESTA, FL 33469		Mailing Address 18679 SE FEDERAL HWY. TEQUESTA, FL 33469	
2. Principal Place of Business <i>18745 SE Federal Hwy</i>		3. Mailing Address <i>18745 SE Federal Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tequesta FL</i>		City & State <i>Tequesta FL</i>	
4. FEI Number 65-0779095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUBENFELD, DAREN L 18679 SE FEDERAL HWY. TEQUESTA, FL 33469		7. Name and Address of New Registered Agent	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT 18679 SE FEDERAL HWY. TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18745 SE Federal Hwy</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBENFELD, DAREN 18679 SE FEDERAL HWY TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18745 SE Federal Hwy</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Daren Rubenfeld</i>		Date: <i>4/25/06</i> Daytime Phone #: <i>561-743-0014</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	