

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 022 ***158.75

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1. Entity Name
**MAIN STREET INVESTMENTS DEVELOPMENT
CORPORATION**



Principal Place of Business
**18769 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469**

Mailing Address
**18769 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469**

14012029



2. Principal Place of Business
18745 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
18745 SE Federal Hwy
Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State
Tequesta FL
Zip
33469
Country

City & State
Tequesta FL
Zip
33469
Country

4. FEI Number
65-0796128
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBENFELD, DAREN L
18679 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent

Name

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

18745 SE Federal Hwy

City **Tequesta**

FL

33469

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 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 **D** ☐ Delete
NAME **MILLER, ROBERT L**
STREET ADDRESS **18679 S.E. FEDERAL HIGHWAY**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **VP** ☐ Delete
NAME **RUBENFELD, DAREN**
STREET ADDRESS **18679 SE FEDERAL HWY**
CITY-ST-ZIP **TEQUESTA, FL 33469**

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
STREET ADDRESS **18745 SE Federal Hwy**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18745 SE Federal Hwy**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #