

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000086459

FILED
Jul 23, 2008
Secretary of State**Entity Name:** MAIN POST, INC.**Current Principal Place of Business:**16400 COLLINS AVE
SUITE 1245
SUNNY ISLES, FL 33160 US**New Principal Place of Business:****Current Mailing Address:**16400 COLLINS AVE
SUITE 1245
SUNNY ISLES, FL 33160 US**New Mailing Address:****FEI Number:** 65-0868803**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARCIA, CARLOS C.P.A.
4995 NW 72 AVE STE 206
MIAMI, FL 33166 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PTSD () Delete
Name: MAININI, IGNACIO E
Address: 16400 COLLINS AVE STE 1245
City-St-Zip: SUNNY ISLES, FL 33160**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: SVETLIZA, PATRICIA
Address: 16400 COLLINS AVE SUITE 1245
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO MAININI

PRES

07/23/2008

Electronic Signature of Signing Officer or Director

Date