


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 020 \*\*\*150.00

<b>DOCUMENT # P99000072016</b>	
1. Entity Name <b>MAIN STREET NEWS, INC.</b>	

Principal Place of Business <b>255 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>	Mailing Address <b>222 LAKEVIEW AVE, PH #5 WEST PALM BEACH, FL 33401</b>
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**94038731**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>MORRISON, PEDRO 222 LAKEVIEW AVE PH5 WEST PALM BEACH, FL 33401</b>	
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7. Name and Address of New Registered Agent Name <b>Carlos Morrison</b> Street Address (P.O. Box Number is Not Acceptable) <b>222 Lakeview Ave PH5</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>	
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 <b>Carlos Morrison</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>3-9-2004</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRISON, PEDRO</b> <b>222 LAKEVIEW AVE, PH #5</b> <b>WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Carlos Morrison</b> <b>222 Lakeview Ave PH5</b> <b>West Palm Beach FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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 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: <b>Carlos Morrison</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>3-9-2004</b> <small>Date</small>
	DAYTIME PHONE <b>561 832 6070</b> <small>Daytime Phone #</small>