

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90021 013 ***158.75

DOCUMENT # P99000089823

1. Entity Name
MAINSTREET ONE FINANCIAL PLAZA, INC.



Principal Place of Business
**ONE FINANCIAL PLAZA
STE 2212
FORT LAUDERDALE, FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA
STE 2212
FORT LAUDERDALE, FL 33394**

40021000



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0954114	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KILGALLON, PAUL J
1961 NORTHWEST 25TH STREET
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KILGALLON, PAUL J 1961 NORTHWEST 25TH STREET BOCA RATON, FL 33431
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IN THIS SPACE**

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

1/18/05 (954) 764-8380
Date Daytime Phone #

Paul J. Kilgallon