

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812531

FILED
Apr 10, 2009
Secretary of State

Entity Name: MAYFAIR ARMS INC

Current Principal Place of Business:

1790 E. LAS OLAS BLVD.
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1790 E. LAS OLAS BLVD.
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-6065967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIMER, LARRY W PRES
1790 E LAS OLAS BLVD #34
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LASKIN, MARGOT PRES
1790 E LAS OLAS BLVD #32
FT. LAUDERDALE, FL 33301 US

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: MARGOT LASKIN

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SACCHI, LONNIE
Address: 111 WOODSIDE ROAD
City-St-Zip: RIVERSIDE, IL 60546

Title: P () Delete
Name: REIMER, LARRY W
Address: 1790 E. LAS OLAS BLVD #34
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D (X) Delete
Name: KOKSU, AMY E
Address: 1790 E LAS OLAS BLVD #23
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: DESTEFANO, RICHARD SR
Address: 14-51 164 ST
City-St-Zip: WHITESTONE, NY 11357

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LASKIN, MARGOT
Address: 1790 E. LAS OLAS BLVD #32
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE R. SACCHI

TREA

04/10/2009

Electronic Signature of Signing Officer or Director

Date