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Aug 28, 2006 8:00 am
Secretary of State
08-01-2006 90001 024 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000126

1. Entity Name
RICKY'S MAYFAIR, INC.

66023330

Principal Place of Business	Mailing Address
1430 WASHINGTON AVE MIAMI BEACH, FL 33139	61 WEST 62ND ST., STE 21E NEW YORK, NY 10023

07172006 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0612959
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENIG, TODD
2911 GRAND AVENUE, SUITE 625
MIAMI, FL 33133

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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: Ricky Kenig
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NUSSDORF, GLENN
STREET ADDRESS	61 WEST 62ND ST., STE 21E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	COSTELLO, DOMINICK
STREET ADDRESS	61 WEST 62ND ST., STE 21E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	KENIG, RICKY
STREET ADDRESS	61 WEST 62ND ST., STE 21E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	DP
NAME	KENIG, TODD
STREET ADDRESS	61 WEST 62ND ST., STE 21E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 8/22/06
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #