

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90197 001 \*\*\*400.00  
05-18-2004 90197 002 \*\*\*150.00

**DOCUMENT # F98000003042**

1. Entity Name  
**AMERISHOP INVESTMENT MAYFAIR, CORP.**



Principal Place of Business

220 EAST 42 ST.  
27 FLOOR  
NEW YORK, NY 10017

Mailing Address

220 EAST 42 ST.  
27 FLOOR  
NEW YORK, NY 10017

**66422725**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4006671**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	TANSEY, FRANCIS X
STREET ADDRESS	220 EAST 42 ST., 27 FL.
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	CVS
NAME	LUSKI, DAVID
STREET ADDRESS	220 EAST 42 ST., 27 FL.
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	T
NAME	MCEVOY, PAUL
STREET ADDRESS	220 EAST 42 ST., 27 FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VAS
NAME	SUMMERS, BRIAN T
STREET ADDRESS	220 EAST 42 ST., 27 FL.
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Francis X. Tansey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2004  
Date

Daytime Phone #