2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011177

Entity Name: MAYFAIR MASTER ASSOCIATION, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12900 SW 128TH STREET, SUITE 100 12895 SW 132 STREET MIAMI, FL 33186

SUITE 200 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

12900 SW 128TH STREET, SUITE 100 12895 SW 132 STREET

MIAMI, FL 33186 SUITE 200

MIAMI, FL 33186

FEI Number: 26-2314921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GARCIA, WILLIAM GARCIA, WILLIAM 12895 SW 132 STREET 12900 SW 128TH STREET, SUITE 100 MIAMI, FL 33186

SUITE 100 MIAMI, FL 33186 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: 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WILLIAMS, HARRY WILLIAMS, HARRY Name: Name: 12900 SW 128TH STREET, SUITE 100 Address: 12895 SW 132 STREET, SUITE 200 Address:

MIAMI, FL 33186 MIAMI, FL 33186

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

GARCIA, WILLIAM Name: PEREDO, MICHAEL Name: Address: 12900 SW 128TH STREET, SUITE 100 Address: 12895 SW 132 STREET, SUITE 200

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: (X) Delete Title: () Change () Addition

HERNANDEZ, YOLANDA Name: Name: 12900 SW 128TH STREET, SUITE 100 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip:

(X) Change () Addition Title: DS () Delete Title:

Name: ALLEGUE, LOURDES Name: ALLEGUE, LOURDES

Address: 12900 SW 128TH STREET, SUITE 100 Address: 12895 SW 132 STREET, SUITE 200

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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: MICHAEL PEREDO TD 04/30/2008