

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011177

FILED
Apr 09, 2009
Secretary of State

Entity Name: MAYFAIR MASTER ASSOCIATION, INC.

Current Principal Place of Business:

12895 SW 132 STREET
SUITE 200
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12895 SW 132 STREET
SUITE 200
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-2314921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, WILLIAM
12895 SW 132 STREET
SUITE 100
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

PEREDO, MICHAEL
12895 SW 132 STREET
SUITE 200
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: MICHAEL PEREDO

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, HARRY
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: PEREDO, MICHAEL
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: ALLEGUE, LOURDES
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, FRANCISCO
Address: 12895 SW 132 STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

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

Title: S (X) Change () Addition
Name: SOUTO, LISSETTE
Address: 12895 SW 132 STREET, SUITE 200
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: FRANCISCO PEREZ

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date