

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90100 027 ***150.00

DOCUMENT # P01000118213

1. Entity Name

SREV MAYFAIR FLORIDA, INC.



Principal Place of Business

C/O SENTINEL REAL ESTATE CORPORATION
1251 AVE. OF THE AMERICAS
NEW YORK NY 10020

Mailing Address

C/O SENTINEL REAL ESTATE CORPORATION
1251 AVE. OF THE AMERICAS
NEW YORK NY 10020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

26-0001093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STREICKER, JOHN H	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLI, NOEL	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROTH, LELAND	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATTERS, CONNELL J	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GUTTENBERG, ELLYN	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Connell J. Watters, Secretary

4/27/06