


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-23-2005 90041 036 ***150.00

DOCUMENT # P04000085215

1. Entity Name
MAYFLOWER OFFICE ADVISORS, INC.



Principal Place of Business
**2255 GLADES ROAD, SUITE 411 E
 BOCA RATON, FL 33431**

Mailing Address
**2255 GLADES ROAD, SUITE 411 E
 BOCA RATON, FL 33431**

66010584



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

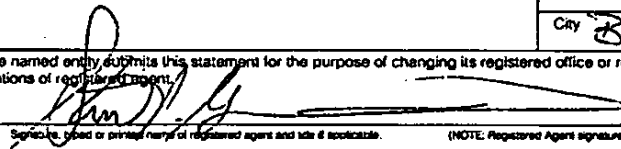
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**WEISMAN; DAVID
 2021 TYLER STREET
 HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent
 Name **STANLEY D. GOTTSEGEN**
 Street Address (P.O. Box Number is Not Acceptable)
2255 GLADES RD #411E
 City **BOCA RATON** FL Zip Code **33431**

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  DATE **3/14/05**

Signatures listed or omitted name of registered agents and title if applicable. (NOTE: Registered Agents signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOTTSEGEN, STANLEY 2255 GLADES ROAD, SUITE 411 E BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EHRENSTEIN, GABRIEL 6340 VIA TLERRA BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE **3/14/05** 561/994-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR