


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2007 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1283555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOTTSEEGN, STANLEY D.  
 2255 GLADE ROAD # 402  
 BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOTTSEGEN, STANLEY 2255 GLADES ROAD, SUITE 411 E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EHRENSTEIN, GABRIEL 6340 VIA TLERRA BOCA RATON, FL 33433
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00000766251  
 06/13/07-80002-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 6/13/07 Daytime Phone #: (561) 994-2712