

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90259 045 \*\*\*150.00

DOCUMENT # P93000001487

1. Entity Name

MAYFAIR BOOKKEEPING SERVICES, INC.



Principal Place of Business

4750 NE 23RD AVE  
FT. LAUDERDALE FL 33308  
US

Mailing Address

4750 NE 23RD AVE  
FORT LAUDERDALE FL 33308-4721  
US



2. Principal Place of Business **FRANK AVELLINO**  
**223 CORAL LANE**

3. Mailing Address **FRANK AVELLINO**  
**223 CORAL LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PALM BEACH, FL**

City & State  
**PALM BEACH, FL**

4. FEI Number

65-0378200

Applied For

Not Applicable

Zip  
**33480**

Country

Zip

**33480**

Country

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

AVELLINO, FRANK J  
4750 NE 23RD AVE  
FT. LAUDERDALE FL 33308

Name **AVELLINO, FRANK J**

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

**223 CORAL LANE**

City **PALM BEACH**

**FL**

Zip Code  
**33480**

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

*Frank J. Avellino* **Frank J. Avellino**

**3/11/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**AVELLINO, FRANK J**  
**4750 NE 23RD AVE**  
**FT. LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**AVELLINO, FRANK J**  
**223 CORAL LANE**  
**PALM BEACH, FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BIENES, MICHAEL S**  
**4750 NE 23RD AVE**  
**FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**AVELLINO, FRANK J**  
**223 CORAL LANE**  
**PALM BEACH, FL 33480**

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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:

*Frank J. Avellino* **Frank J. Avellino**

**3/11/06**

Date:

Daytime Phone #

**561-397-7699**